DOCTORING THE BLED:
MEDICAL AUXILIARIES AND THE ADMINISTRATION
OF RURAL LIFE IN COLONIAL ALGERIA, 1904-1954

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Abstract

This dissertation examines the professional and personal predicaments experienced by twentieth-century Algerian auxiliaires médicaux and adjoints techniques de la Santé publique. Both cadres comprised Muslim men who were recruited by the French colonial state to provide a limited form of Republican welfare in the Algerian countryside (the bled). Departing from doctor-centred histories, I interrogate official narratives to uncover how state medicine and hygiene functioned on the ground.

Drawing upon national and regional archival collections in Algeria and France, Islamic legal treatises, newspapers, and non-official sources such as private letters and memoirs, genealogical websites and blogs, and oral histories to reconstruct the history of the medical auxiliarat, I explore three different aspects of state medicine and public health in Algeria. First, I demonstrate that local knowledge, Islamic discursive traditions, and pre-colonial forms of benevolence and community welfare continued to operate within Algerian public health, even under French colonial occupation and rule. Second, I disarticulate the conflicts and points of convergence between and among Muslim healthworkers, European doctors and administrators, and local populations. Finally, I adduce the place of medicine and health within technologies of colonial administration, including how the actions of the low-ranking medical auxiliary shaped these technologies.

The history of medical auxiliaries forces a re-examination of debates about the colonial state, medicine, and rural agency and the dichotomised representation of Algerian society as comprising two opposed population blocs of coloniser and colonised. Through new archival
discoveries, and through reading French sources in the light of Arabic sources (and vice versa),
the dissertation illustrates that state medicine was not only a tool of colonial elites but also a
resource that held considerable appeal for both educated and unlettered Muslims and settlers.
The work of medical auxiliaries expanded the powers of the state to manage human populations
and disease, and simultaneously engaged the rural populace in the idea of state medical relief.
This approach opens up a new direction in the empirical study of indigenous medical actors in
dempire and breaks new ground for a social history of colonialism in Algeria.
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All Arabic and French terms in transliteration appear in italics and with diacritics. Words in Arabic are transliterated according to the system used by the *International Journal of Middle East Studies*—e.g., ṭabīb, ḥabūs, qāʾīd, but with anglicised plurals and possessives, e.g., qāʾīds or qāʾīd’s. French spellings are used for administrative jargon of Arabic origin, such as *bled* (bilād) and *douar* (duwwār), except in cases where the sources provide the Arabic form. Because of the subtleties with which language is imbued, I mostly use descriptors and titles in the original French. These titles convey contemporary attitudes in ways that translations, however accurate, cannot.

The names of Muslims given in French sources vary considerably in their spelling, as do French names in Arabic sources. For sake of readability and consistency, I have preserved the spelling used for Algerian names written out in French as they appear in the original sources, except in cases where the sources provide the Arabic form or when these forms are obvious. In citing archival sources, I use the spelling found in the documents themselves. In referencing place names, I give the colonial-era name followed by its present-day equivalent.

References to sources from French archival collections are listed by series, source type, author, and date. References to sources from Algerian archival collections use box numbers and not catalogue numbers. I have used abbreviations for archival series and for journal names.
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**Abbreviations:**

<table>
<thead>
<tr>
<th>Abbreviation</th>
<th>Full Form</th>
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<tr>
<td>AAAMA</td>
<td>Association amicale des Auxiliaires médicaux d’Algérie</td>
</tr>
<tr>
<td>AMN</td>
<td>Assistance aux mères et aux nourrissons</td>
</tr>
<tr>
<td>ATSP</td>
<td>Adjoint technique de la Santé publique</td>
</tr>
<tr>
<td>CM</td>
<td>Commune Mixte</td>
</tr>
<tr>
<td>DAI</td>
<td>Direction des Affaires indigènes</td>
</tr>
<tr>
<td>DDS</td>
<td>Directeur départemental de la Santé</td>
</tr>
<tr>
<td>DSP</td>
<td>Direction de la Santé publique</td>
</tr>
<tr>
<td>EMS</td>
<td>Équipe mobile sanitaire</td>
</tr>
<tr>
<td>GG</td>
<td>Gouverneur général de l’Algérie</td>
</tr>
<tr>
<td>GGA</td>
<td>Gouvernement général de l’Algérie</td>
</tr>
<tr>
<td>IVC</td>
<td>Infirmière visiteuse coloniale</td>
</tr>
<tr>
<td>SATSP</td>
<td>Syndicat des Adjoints techniques de la Santé publique</td>
</tr>
<tr>
<td>TDS</td>
<td>Territoires du Sud</td>
</tr>
</tbody>
</table>
Introduction

This dissertation reconstructs the historical experiences of the small but diverse group of Algerian men who entered the service of the French state as *auxiliaires médicaux indigènes* and *adjoints techniques indigènes de la Santé publique* between 1904 and 1960. Medical auxiliaries were Muslim men who received university- and hospital-based training in medicine to a level below that of a physician, and took up employment in rural regions of Algeria’s northern territories: the French départements of Oran, Algiers, and Constantine. Their official purpose was to provide medical treatment, sanitary interventions, and hygienic instruction exclusively for Muslims. They were expected to do this under the direct supervision of *médecins de colonisation*, state physicians who received a retainer to provide services in rural settlements.

In practice, as I show, *auxiliaires médicaux* and *adjoints techniques de la Santé publique* routinely exceeded this mandate. They “doctored” patients in their own right, autonomously directing clinics and hospitals, and treating and educating poor Europeans as well as Muslims, in *centres de colonisation* as well as remote farms and *douars* (encampments or villages). To many

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1. *Auxiliaires médicaux* received the new official title *adjoints médicaux de la Santé publique indigènes* in 1934. Because of discernable continuities in personnel, instructional staff, and their sphere of action, and particularly because of the theoretical rather than technical orientation of their training, I use “medical auxiliary” and “auxiliarat médical” as generic terms for these cadres. Additionally, because of the subtleties with which language is imbued, and in particular the attitudes conveyed by the use of these titles, descriptors and titles in the original French are retained throughout. All translations from Arabic and French into English are my own.

2. *Médecins de colonisation* worked for the Service médical de Colonisation, founded in 1853, the original purpose of which was to support European settlement in Algeria. The French idiom “colonisation” has a more active meaning than “colonial,” which literally means “belonging to a colony.” To settlers, the act of *colonisation* had a pioneering connotation: it meant to take land, drain it, develop it, and make it bloom. (For instance, what in France was called the *Chambre d’Agriculture* was referred to as the *Chambre de Colonisation* in Algeria.) It is important to disambiguate the figure of the *médecin de colonisation* from *médecin colonial*, the term for a medical worker employed by the Service de Santé, the medical corps of the army and navy.
Muslim and European villagers, the medical auxiliary was known as *al-sayyid al-ṭabīb* (“Mr. Doctor”), *le médecin arabe* (“the Arab doctor”), or simply *al-ṭabīb* (“the doctor”). They also engaged in a wide range of clerical and administrative responsibilities connected with the management of populations and their diseases. I call this “the administration of rural life,” since it was in this period of Algeria’s history that micro-practices to do with the body and disease began to be consolidated by a state bureaucratic order.

The Algerian medical auxiliary lends itself to sustained analysis for at least three reasons. First, whereas doctors received their medical degrees from one of several French medical schools, which included the *Université d’Alger* when it attained university accreditation in 1909, *auxiliaires médicaux* and *adjoints techniques de la Santé* were socialised and professionalised within the same set of institutions. They followed the same course of primary school instruction, underwent university- and hospital- training in small groups of five to twelve, and many joined an auxiliary-only professional association from c. 1923. As a consequence, medical auxiliaries possessed greater professional coherence than, say, *médecins de colonisation*. Second, more so than doctors, these figures’ working and private lives were subject to scrutiny from officials and faculty in Algiers, and *administrateurs* and other medical professionals in the *Communes mixtes* (mixed communes).³ As I will show, the paper imprint this left behind, even if it is obscured by

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³ Although the three provinces, later *départements*, of Algeria were juridically contiguous with metropolitan France from 1848, this territory and its inhabitants were subject to a number of different administrative regimes. An important administrative unit from the point of view of this study was the *Commune mixte*, in place from 1858 to 1956. The *Commune mixte* held no equivalent in metropolitan France. It comprised a centre of colonisation, inhabited by a “mixed” population of “Europeans” and “natives”, and outlying villages and settlements of “natives” under the sole charge of a centrally appointed administrator. The other main administrative unit in place this period was the *Commune de plein exercice*, comparable in size and organisation to the French *commune*, and governed by an
the vagaries of archivisation and memory, makes the lives of *auxiliaires médicaux* and *adjoints techniques de la Santé publique* accessible to a greater degree than those of many other members of the medical hierarchy.

Third, and most importantly for this dissertation, medical auxiliaries occupied an indeterminate position in professional, social, and racial hierarchies. Professionally, it was never entirely clear—to administrators, doctors, patients, or even members of the *auxiliarat médical* themselves—whether they were the subordinate of the doctor or his substitute. Socially, while they possessed educational advantages available to very few Muslims during this period, it is scarcely accurate to speak of them as a colonial elite. As one Arab delegate in the *Délégations financières algériennes* said of *auxiliaires médicaux*, “These are poor folk.” Not only were they underpaid and under-resourced, but they were also frequently overlooked by officials who understood little about their circumstances. And racially, only *indigènes musulmans* (“native” Muslims), with all that this juridical status implied for an individual’s civil rights, were eligible to become *auxiliaires médicaux* and *adjoints techniques de la Santé publique*. And yet medical auxiliaries treated poor Europeans in villages and farms, as well as Muslims. The incongruity

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4 For example, only 0.75 per cent of Muslims of secondary school age were engaged in education in 1954, after sixty years of Republican educational policies. Figure from Charles Robert Ageron, *Les Algériens musulmans et la France (1871-1919)* (Paris: Presses universitaires de France, 1968), cited in Tony Smith, “Muslim Impoverishment in Colonial Algeria,” *Revue de l’Occident Musulman et de La Méditerranée* 17, no. 1 (1974), 148.

and ambiguity of these cadres’ situations, along with the possibility of charting via these agents the constellation of policies, institutions, and practices with which auxiliaires médicaux and adjoints techniques de la Santé were involved, make them a compelling subject of historical study.

In a recent call to arms, historian Jahnavi Phalkey prompted scholars of science and empire to consider Simon Schaffer’s and Steven Shapin’s question: “What did people actually do—as opposed to what we think they might have been up to—when they were making what they considered scientific knowledge?” Long before Schaffer’s and Shapin’s formulation of this question, the social historian of medicine Erwin Ackerknecht spoke for a similar kind of medical history. “I am aiming,” Ackerknecht explained, “at… more extensive and more critical analysis of what doctors did in addition to what they thought and wrote.” These appeals are important, because so much of the global history of science and medicine, and the social history of life under colonialism, remain to be written. In that spirit, much of what follows seeks to establish a baseline of historical information about Algerian auxiliaires médicaux and adjoints techniques de la Santé publique and to explore their historical condition in terms of “doing.” How did the medical auxiliarat function in daily life? What were auxiliaires médicaux and adjoints techniques de la Santé publique educated to see and do? What was the nature of their interactions with doctors, villagers, and state representatives?

By showing what medical auxiliaries “did,” this dissertation contributes to a number of conversations that transect Algerian history, the study of race, religion, and colonialism, and the global history of medicine and public health. First, it teases out evidence of how these professionals’ training related to local substrata of language, medicine, and healing, and how auxiliaires médicaux connected with these traditions as well as French or settler medical culture. Second, it explores the regional specificities of scientific medicine in Algeria and particularly in rural Algeria. By examining the organisation of the assistance médicale, the pedagogy of auxiliary training, and the work performed in clinics and vaccination rounds, it depicts how structures, categories, and micro-practices of medicine, and its administration, both enacted and destabilised understandings of racial and religious difference. Third, it takes seriously the enthusiasm that Algerians themselves had for “doctoring,” “science,” and the opportunities that these presented.

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8 For a recent study on the significance of origins, place, and region in French medicine, see Michael A. Osborne, The Emergence of Tropical Medicine in France (Chicago: University of Chicago Press, 2014).

Medicine and Colonialism in Algeria

The trajectory of state medicine and hygiene in Algeria under colonialism differed from that of most other African states. Historian Heather Bell observed that, “The great majority of the practitioners of Western medicine in Africa during the colonial period were not European doctors, but non-Europeans, usually trained African auxiliaries.” Overall, this assertion does not hold for Algeria because of the presence of a substantial settler population alongside autochthonous Muslims and Jews. “Naturalised French” formed 8.1 per cent of the total population in 1901 and 11.8 per cent in 1960. European doctors, pharmacists, and midwives were well entrenched in major colonial cities such as Algiers, Bône, Constantine, and Oran.

Bell’s argument does apply if we limit our focus to state medical workers in the bled. Although the term bled in Modern Standard Arabic and its Maghribi dialects means nothing more than “country” or “homeland,” nevertheless to this day it holds a pejorative connotation in the French language as a place of backwardness and isolation. The cultural polarity between city and countryside is a far older and more widespread phenomenon than French colonialism. However,

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12 For example, Larousse online renders “le bled” as “remote and generally unattractive villages,” http://www.larousse.fr/dictionnaires/francais/bled/9799. Consulted 30 May 2014.
under French occupation, the poverty and infrastructure gap between urban and rural areas of Algeria widened dramatically. For a European, to move to the bled was to leave behind the sights and sounds of settler dominance, to pioneer and to seek opportunity, but also to face social and intellectual isolation and ill health. Practising medicine in the bled was a career path that comparatively few European physicians were willing to take.

Disparities in the distribution and density of both population and medical professionals in Algeria created limited employment opportunities in the bled for autochthonous Jewish and Muslim doctors, otherwise marginalised within their profession on the grounds of religion. By the 1930s, Algerian Jewish and Muslim men outnumbered settlers in the ranks of the Service médical de colonisation and the Assistance médicale des indigènes, two complementary structures that provided limited hospital- and clinic-based services to rural areas. Auxiliaires

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14 Memoir literature and novels in the genre of the “bled quack” (Toubib du bled) reveal that Europeans went to the bled as médecins de colonisation for many reasons—to seek status and professional advancement as a colonial “pioneer”; to escape failed relationships, debts, or poor prospects in mainland France; or to pursue a romantic or religious vision of life in the desert. Examples of this literature include Edmond Reboul, Si toubib; scènes de la vie d’un médecin au Sahara (Paris: Julliard, 1959); Gaston Guigon and Pierre Goinard, Toubibs du bled (Salon-de-Provence: [author], 1968); Raymond Féry, Médecin chez les Berbères (Le Chesnay: Éditions de l’Atlanthrope, 1986); Patrice Clarac, Henri Choussat... itinéraire d’un médecin humaniste au XXème siècle : propos et documents (Talence: Office Aquitain de Recherches d’Etudes et de Liaison sur les problèmes des personnes âgées (OAREIL), 1996). Other titles are listed in the bibliography of this dissertation. Short accounts can also be found in pied-noir associational literature, such as L’Algérieniste of the Cercle algérieniste and the Mémoire Vive of the Centre de documentation historique sur l’Algérie. While the lives of “toubibs du bled” have been written up in pied-noirs magazines such as these, historians have yet to study this published literature, to conduct oral histories, or to exploit the large quantity of biographical documents and memoirs that exist in private hands. The Centre de Documentation historique sur l’Algérie in Aix-en-Provence has a small but valuable library holdings, including private papers and an on-going oral history project.
16 Although I do not have staff registers for consecutive years, I feel confident stating that this was the case. For
médiaux and adjoints techniques de la Santé publique constituted the majority of these Algerian practitioners.

Much of the work on the history of medicine in Algeria has heretofore focused on European actors, and on the practice of medicine as an expression of colonial power. Beginning with Yvonne Turin’s classic 1971 study of schooling, medicine, and religion, the ideological and practical contributions of medicine to the conquest and “civilising missions” of the nineteenth century have taken centre stage in this literature. In common with the literature on medicine and empire in general, overseas Pasteur Institutes were an early subject of interest for specialists of medicine and the Middle East and North Africa, while missionary medicine has also drawn

everything, in 1934, the Service médical de colonisation in Algeria counted 107 “médecins de colonisation,” thirteen of whom were autochthonous Jews and Muslims; ninety-nine “native” auxiliaires médicaux; and sixty-seven “colonial visiting nurses,” two of whom were Jewish. Twenty-four auxiliaires médicaux ran services in which they were the sole medical provider (services détachés). The GGA did not keep records of the male and female Muslim nurses, launderesses, cooks, and orderlies who were appointed locally, but if we assume their existence in each “native” infirmary or auxiliary hospital, then Muslim workers clearly outnumbered Europeans. My accounting does not, however, include religious sisters and social workers, for whom I do not have data. Centre des Archives Nationales d’Algérie, Birkhadem, Algeria (CANA) DZ/AN/17E/1050, Annuaire des Services et du Personnel (arrêté au 30 Avril 1934) (Algiers: Imprimerie la Typo-Litho et Jules Carbonel réunies, 1934), 89.


the attention of several scholars. Bertrand Taithe and William Gallois have evaluated the results of officier de Santé (health officer) training for Algerians during the nineteenth century.

In general, studies of the nineteenth-century emphasise the uncertainties and failures of medical imperialism and evangelism as part of an unfolding process of conquest and colonisation.

Similarly, historians of the era of decolonisation have examined the rhetoric and content of medicine as an important element of attempted re-conquest during the Algerian War (1954-62).

To date, state medicine and hygiene during the intervening period—from the creation of the Third Republic (1870) and the establishment of civilian rule in Algeria shortly thereafter

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(1872) until the launch of armed anti-colonial revolt (1954)—has received little attention from scholars. In part, this may be because of the perception that there was not much of either one. The modicity of funding allocated to public health receives coverage in Jacques Bouveresse’s exhaustive study of the Délégations financières algériennes, the consultative body founded in 1898 to introduce the devolvement of some degree of fiscal autonomy to the three départements of Algeria. Bouveresse describes the social outlook of its European members as a “feigned commitment to progress” infused with an attitude of “beggar-thy-neighbour, cold realism or, at best, paternalism.”

As Richard Keller explains in his study of psychiatry in the Maghrib, the French state in Algeria finally opened a psychiatric hospital at Blida in 1938—the hospital where Frantz Fanon would later work, and where ex-auxiliaire médical Ouldamer Amokrane would become director following independence—after six decades of proposals and negotiations having repeatedly fallen at the first hurdle because of the constraints of the colonial budget. Even though transporting aliénés (the “insane”) to France for psychiatric treatment was very costly, and Algeria’s lack of psychiatric services was even considered by many settlers to be a threat to public safety, it was only after an inter-imperial congress exposed the failures of France’s psychiatric services in Algeria, and following persistent lobbying from interested professors, that the hospital project actually began to assume real form.

Similarly, the cry of “we do not have the budget” was heard over and over again by auxiliaires médicaux and adjoints techniques de la


Santé publique, as successive administrative officials pledged to improve conditions of employment for these cadres yet consistently proved incapable of bringing about any real change.

It is unsurprising, therefore, that this period was cast as one of under-administration and neglect by French propaganda during the Algerian war. In 1955, Gouverneur général Jacques Soustelle (1955-56) devised the military-run Sections administratives spécialisées (SAS) to perform security and welfare work in rural areas. The SAS were designed to bring rural areas more securely under French control, to mitigate the impact of the Front de Libération National (FLN), and also to undermine the notion that Algeria’s autochthonous population genuinely wanted independence. For if the inhabitants of the bled had never really encountered the French “civilising mission,” how could they reject it? Continuing in this vein, historical accounts of the SAS overlook the relevance of public health and medicine in the period 1900 to 1954. Instead, Jennifer Johnson and Grégor Mathias identify the “rhetoric of pacification and conquest” of Algerian War with that of the Bureaux arabes of the nineteenth-century.\(^\text{24}\) Chronicling the history of auxiliaires médicaux and adjoints techniques de la Santé publique allows me to fill a chronological gap in the literature and to complicate this picture.

In 1903, Gouverneur général Charles Jonnart (1900-1 and 1903-11) delivered a speech in Tunis in which he declared, “The doctor is the real conqueror, the peaceful conqueror.” Jonnart followed this statement by explaining that if France wished “to penetrate the hearts of natives, to

earn the trust and gain the affection of Muslims, it is by multiplying services of medical assistance that we will arrive at it most surely.”

Nancy Gallagher and other historians have adduced the phrase, without attribution, as an example of the general ideology of the French “mission civilisatrice” (civilising mission). But Jonnart’s remarks held additional significance, for they were delivered in a context in which Algerian officials and administrators were debating the suitability of new Republican forms of state medicine and laws on bacteriological public health.

Policies on medical assistance and hygiene were idiosyncratic and seldom followed through from one successive gouverneur général to the next. Nonetheless, the creation of the auxiliarat médical and its survival over the course of more than fifty years manifest that medicine as a tool and justification for French conquest and rule was a recurring motif in Algeria from the nineteenth century until decolonisation. Even as the colonial budget was used to cudgel officials and physicians who championed the cause of more, and better quality, medical services for Algerians, a circulaire dated the 5 December 1904 created the conditions which made possible a limited system of assistance médicale in rural areas: a network of rural infirmeries.

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25 The saying “le médecin est le véritable conquérant, le conquérant pacifique,” is attributed to Charles Jonnart by military medics in Tunis, see Centre des archives d’Outre-Mer, Aix-en-Provence, France (FR ANOM) ALG GGA 25H/30/5, Report by Mr Malinas, Médecin Principal de 1ère classe, Directeur du Service de Santé de la Division d’Occupation de Tunisie, and M. Constivint, Médecin Major de 2ème classe attaché à la Direction du Service de Santé de la Division d’Occupation de Tunisie (1903/4), reference on 2.

indigènes (“native” infirmaries) staffed by doctors and Muslim paramedical personnel, the auxiliarat médical examined in this study.  

As historian of British Ceylon Margaret Jones has remarked, much scholarship on public health in imperial contexts is based on the premise that, “in their transfer from the metropolitan centre to the periphery, any possible humanitarian impulse behind these policies […] was subsumed within the greater imperial project.” Let us for one moment imagine that instead of addressing an imperial audience, Jonnart had called upon deputies in Paris “to penetrate the hearts of [Frenchmen], to earn the trust and gain the affection [of our citizens] […], by multiplying the services of medical assistance.” This kind of paternalist utterance would most likely be found to accompany the inauguration of any modern healthcare service. The primary difference between the original version of Jonnart’s text and its imaginary counterpart would be national ideology, which creates the notion of consent. 

27 GGA, Assistance médicale des Indigènes. “Circulaire du Gouverneur général aux Préfets. Infirmeries indigènes.—Consultations gratuites.—Ophtalmies.—Vaccinations.—Aménagement des sources thermo-minérales.—Hygiène” (Algiers: Imprimerie administrative Victor Heintz, 1904). Colonial policy in Tunisia, and in Morocco in particular, has been said by historians to have been defined in opposition to the perceived mistakes of settler rule in Algeria. But for a short period (1906 to 1908), the auxiliary programme in Algiers also trained Moroccans, which shows how connected imperial medical strategies in the Maghrib could be. This dissertation shows the filiations and circulations between policy ideas in Algeria and those in Morocco and Tunisia, but it has not been possible to consider the connections and contrasts across these three sites in any sustained way.  


29 For a discussion of this position, see Jones, “Infant and Maternal Health Services in Ceylon, 1900–1948.” In the context of French Empire, Alice Conklin showed the significance of Republican welfare legislation for the formulation of the “civilising mission” in French West Africa. Elizabeth Thompson explored how mandatory Syria and Lebanon became a “colonial welfare state.” Helen Tilley argued that British colonial states in Africa were by definition “development states” from at least the 1900s. Alice L. Conklin, A Mission to Civilize: The Republican Idea of Empire in France and West Africa, 1895-1930 (Stanford: Stanford University Press, 1997); Elizabeth Thompson, Colonial Citizens: Republican Rights, Paternal Privilege, and Gender in French Syria and Lebanon, History and Society of the Modern Middle East (New York: Columbia University Press, 2000); Helen Tilley, Africa as a Living Laboratory: Empire, Development, and the Problem of Scientific Knowledge, 1870-1950 (Chicago:
As I demonstrate in this dissertation, there were in practice considerable differences between metropolitan and Algerian assistance. Medical welfare in Algeria was differentiated according to religion during the period 1904 to 1927; and from 1927 until the Algerian war, divided into European and colonial models of hospital-based care according to geography—which, of course, overlapped with and reinforced distinctions of class, religion, and race.

“Native” or “colonial” as compared with “public” assistance constituted separate conceptual categories for many historical actors. However, when we examine the arguments for and against the auxiliarat médical or infirmeries indigènes, it becomes clear that the boundary between “native” and “public” assistance was either uncertain or easily manipulated by contemporary players. Auxiliaires médicaux answered both to the Bureau des Affaires indigènes and the Bureau de l’Intérieur. This confused authority structure of the auxiliarat médical meant it was unclear whether these agents were an “administrative cog” in the imperial machine, or a technical buttress to assistance publique.30 Infirmeries indigènes were a constituent part of imperial strategy until Gouverneur général Maurice Violette recognised that it was unaffordable to operate separate structures for Europeans and Algerians, at which point infirmeries indigènes

University Of Chicago Press, 2011). The question of what other than national ideology distinguished the operation of modern state power in the colonies and in nation states is also filtering through the historiography of Middle East Studies; see in particular, Mitchell on the modern state operates as a colonising force, Timothy Mitchell, Colonising Egypt (Berkeley: University of California Press, 1988); see also Ussama Makdisi, “Ottoman Orientalism,” The American Historical Review 107, no. 3 (2002), 768–96; Todd Shepard, The Invention of Decolonization: The Algerian War and the Remaking of France (Ithaca: Cornell University Press, 2006).

30 Initially, responsibility for auxiliaires médicaux was shared by the Bureau des Affaires indigènes (Bureau of Native Affairs and Police) and the Bureau de l’Intérieur (Bureau of the Interior). From 1927 onward, auxiliaries reported to the DAI and the DSP. The instructor Louis Fuster proposed in 1935 that the medical auxiliarat should be attached exclusively to the DAI if it was an imperial unit, and the DSP if it was simply a technical school for native assistants to the médecins de colonisation. CANA GGA DSP 219, Louis Fuster, “Rapport concernant l’École des Adjoints techniques indigènes de la Santé publique,” 25 January 1935.
were reclassified in 1927 as hôpitaux auxiliaires open to all regardless of ethnic origin. Healthcare services for Muslims in those very hospitals was financed along with European assistance publique until it appeared to impinge upon settlers’ purses, at which point it was treated by some delegates of the Algerian Délégations financières as an imperial issue more properly funded directly from the metropole.

There were few formal limits on the extent of the intrusiveness of French medical interventions in Algeria, and even fewer mechanisms of oversight. Some populations were given a stake in rural medical services, but most were excluded. Ultimately, this was because colonial rule was predicated upon the privileging of European political and economic rights and the denial of Muslims’. As Tony Smith elaborated, “unlike the word ‘neglect’ which suggests the French simply turned their backs to concern themselves with their own affairs, the word ‘exclusion’ insists upon the element of concerned attention and determined action to keep the Muslim society at bay.” Smith, “Muslim Impoverishment in Colonial Algeria,” 146.

State medical services were concentrated in centres de colonisation, not in the douars, where most Algerians lived; and because of the parsimony of communal budgets, “free consultations” were offered to only a small fraction of those who needed them. Nonetheless, the state by intervening in the lives of rural populations via assistance médicale and hygiene—however inadequate and under-resourced these were—created a body of civil servants, and to a lesser extent an informed populace, prepared to make claims on the state in matters thereof.
Medical Auxiliaries and the History of Empire

In a recent publication highlighting the significance of subordinate and intermediary personnel to public health policy and practice in the British Empire, Ryan Johnson and Amna Khaled assert that historians have hitherto privileged the perspective and experience of “colonial officials in the upper echelons” over personnel “on the ground.”32 This dissertation is in sympathy with Johnson’s and Khaled’s project on many levels, but contrary to their view of the historiography, work on medical intermediaries has garnered attention intermittently over the course of the last century. Although academic historians only began to write the story of subordinate and intermediary agents of public health in recent decades, it has previously attracted the interest of physicians, sociologists, political scientists, ethnographers, journalists, and social workers alike.33

The earliest histories of medical subordinates were produced by these agents themselves as they became professionalised; by colonial and international experts as they strove to improve the institutional capacity of state health services, or promoted these agents as cultural brokers between the so-called modern state and traditional society; and by physicians writing their own

memoirs.³⁴ A 1950 World Health Organization Expert Committee surveyed the history of many such groups and found that they constituted “a stepping-stone toward development of more adequately trained personnel.”³⁵ Enthusiasm for medical auxiliaries in the era of decolonisation was not limited to the Global South: medical professionals and politicians in the United States conducted studies of medical auxiliary programmes in developing countries in order to promote the idea of the Physician’s Assistant or Assistant Medical Officer in Congress.³⁶

While the authors of this technical literature supported the idea of medical auxiliaries, doctors in newly independent states held more critical views. The previous need for cultural brokers, whether perceived or real, had dissipated—a citizen doctor had no need to secure the consent of a citizen patient since consent was already implicitly and freely given. Post-colonial professionals dismissed the formation of medical auxiliaries as a relic of colonial subjection.

According to Oshirejolomi Thomas, in independent Nigeria, locally obtained medical

³⁴ In the Algerian case, professional histories appear in Mohamed Ben Salah Adjouati, Les Auxiliaires médicaux indigènes. Rapport présenté à la session des Délégations financières du mois décembre 1923 (Algiers: Imprimerie Administrative Émile Pfister, 1923); GGA, Services sanitaires. Situation des Auxiliaires médicaux (Algiers: Imprimerie Solal, c. 1932); Bulletin de l’Amicale des Adjoint techniques indigènes de la Santé publique; Féry, Médecin chez les Berbères; and Clarac, Henri Choussat... itinéraire d’un médecin humaniste au XXème siècle.
³⁶ Roderick S. Hooker, James F. Cawley, and David P. Asprey, Physician Assistants: Policy And Practice (Philadelphia: F.A. Davis, 2009), 17–61. For example, testimony at a 1965 White House Conference on Health was provided by Edwin Rosinski and Frederick Spencer, whose comparative technical study of medical assistant programmes in South Pacific and African countries unconsciously echoed colonial policy papers from sixty years earlier. The similarities include the authors’ lack of attention to social context, and concern with the maintenance of hierarchy: “An absolute distinction between the physician and the auxiliary is imperative if the auxiliary is to maintain his proper place in medical practice.” Edwin F. Rosinski and Frederick J. Spencer, “The Training and Duties of the Medical Auxiliary Known as the Assistant Medical Officer.” American Journal of Public Health and the Nations Health 57, no. 9 (1967), 1663–69, reference on 1668 and The Assistant Medical Officer; the Training of the Medical Auxiliary in Developing Countries (Chapel Hill: University of North Carolina Press, 1965).
qualifications and auxiliary status were seen as “second-rate.”\textsuperscript{37} Interviews conducted in the Congo by De Craemer and Fox between 1963 and 1965 with more than fifty medical assistants and “ex-medical assistants” confirmed that the profession was inextricably associated psychologically with colonialism for these men.\textsuperscript{38} In Tanzania, Oscar Gish explained, “the category ‘medical auxiliary’ came to be seen as a colonial invention intended to keep the African away from true medical practice.”\textsuperscript{39} History itself furnished these authors with a potent argument for why national systems of health care in independent African states needed to be constructed around physicians and not medical auxiliaries.\textsuperscript{40}

With the promotion of the concept of “primary health care,” and its overarching concern for the prevention of illness rather than its treatment, the history and model of medical auxiliaries received less attention. A 1972 World Health Organization report on \textit{Health by the People} documented ten distinctive approaches to expanding health services by means of “primary health workers,” grounded in the communities which they served.\textsuperscript{41} Signatories to the Declaration of


\textsuperscript{38} De Craemer and Fox characterised this group as “emerging physician[s],” since the majority of their interviewees had pursued or aspired to complete doctoral studies in medicine in Congolese or French institutions. Willy De Craemer and Renée C. Fox, \textit{The Emerging Physician; a Sociological Approach to the Development of a Congolese Medical Profession} (Stanford: Stanford University, 1968). John Iliffe’s 1998 collective biography of East African doctors also evoked medical assistants as “emerging physicians.” The organisation of Iliffe’s work implied a direct line of descent from “tribal dresser” and medical subordinate through to elite physicians and politicians tackling HIV/AIDS; by dropping medical subordinates from later parts of the analysis, he provided a pedigree that could be a source of pride and professional strength, rather than embarrassment, for doctors in Uganda, Kenya, and Tanzania. John Iliffe, \textit{East African Doctors: A History of the Modern Profession} (Cambridge: Cambridge University Press, 1998).


\textsuperscript{40} Algeria resisted this trend by investing in the training of \textit{adjoints médicaux de la Santé} from 1963 until 1983. See Conclusion to dissertation for more details.

Alma Ata (12 September 1978) committed to providing accessible, affordable health care to all. At this juncture, many African politicians and international scholars of African health transferred their attention to providers of “traditional medicine” or “TM,” which were perceived to be more authentically African. It was in South Africa, where the racial stratification of disease and access to health care was not only a topic for historical study but a continuing daily reality under apartheid that historians were a leading force in analysing the effects of race, class, and gender in the experience of black biomedical professionals.

Since the mid-1980s, Africanist historians and anthropologists have continued to ponder the role of Africans in “western” or “colonial” medicine. Broadly speaking, this scholarship has


43 In reaction to colonialist accounts in which incommensurability had had to be seen to exist between biomedicine and “traditional” medicine in order to professionalise and legitimise the former, African elites had valorised “traditional” medicine as a solution to the deficiencies of post-colonial healthcare systems. On this trend, see Murray Last and G. L. Chavunduka, *The Professionalisation of African Medicine* (Manchester: Manchester University Press, 1986); Steven Feierman and John M. Janzen, *The Social Basis of Health and Healing in Africa* (Berkeley: University of California Press, 1992); Tracy J. Luedke and Harry G. West, *Borders and Healers: Brokering Therapeutic Resources in Southeast Africa* (Bloomington: Indiana University Press, 2006). For a critique of the assumptions and categories of “traditional” medicine/society/healer in the development community, see Stacey Pigg, “‘Found in Most Traditional Societies’: Traditional Medical Practitioners between Culture and Development,” in Frederick Cooper and Randall M. Packard (eds), *International Development and the Social Sciences: Essays on the History and Politics of Knowledge* (Berkeley: University of California Press, 1997), 259–90.


fallen into several categories. One such category followed the path set by sociologists and medical professionals. This analysed the positionality of medical “subordinates,” or assessed their effectiveness in improving health indicators of colonised populations. A second explored these actors under empire as medical “intermediaries” or “middles” (which was in any case how colonial officials often viewed them), or subverted the “intermediary” model by arguing that these figures were despised or feared by the very local populations with whom they were supposed to connect.

This body of work attests to the existence of an extended and diffuse historical conversation about medical auxiliaries and assistants under empire. The question historians must now ask is, how incorporating their story can not only enhance but also—and perhaps more

46 For instance, Karin Shapiro’s 1987 article showed that auxiliary training in South Africa had been perceived as “the proverbial half-loaf” by black students, and was ineffective as a remedy for rural health problems. Jean-Paul Bado accepted the verdict of colonial administrative officials that medical auxiliaries in French West Africa from 1904 to 1918 had largely failed. In contrast, Maryinez Lyons’ study of auxiliaries in the Belgian Congo and Uganda suggested that it was precisely the colonial system of medical assistants that accounted for the relatively developed state of primary health care in Zaire. Shapiro, “Doctors or Medical Aids”; Bado, *Médecine coloniale et grandes endémies en Afrique 1900-1960*; Maryinez Lyons, “The power to heal: African medical auxiliaries in colonial Belgian Congo and Uganda,” in Dagmar Engels and Shula Marks (eds) *Contesting Colonial Hegemony: State and Society in Africa and India* (British Academic Press: London, 1994), 202-23.


importantly—reshape existing narratives of the global history of medicine and empire. The present exercise of exploring a profession imparts to this body of literature one empirical case study. It also contributes to the wider history of Algeria in the colonial period, by showing how the fiscal, administrative, and documentary strategies of public health had subtle yet significant effects on colonial governance and rural society.

Rather than analysing the life histories of *auxiliaires médicaux* and *adjoints techniques de la Santé publique* within the context of what later came to be the Algerian nation—a confluence of society, culture, and people portrayed as unique to a land, sharply delineated from its colonial masters—and viewing all interactions with Europeans in terms of two monolithic blocs, I employ a perspective that revisionist historians of Israel/Palestine have termed “relational history.” In exploring the dynamic, albeit asymmetrical, power relations among Muslim,

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Jewish, and European health workers, administrators, philanthropists, villagers, and nomads via the figure of the auxiliaire médical, it is possible to detect the points of convergence and disagreement among these actors. This kind of analysis demonstrates unmistakably the ambiguity of actors’ categories (such as “auxiliaire médical”) together with the inadequacy of visualising Algerian society in terms of contrasting population blocs, namely “coloniser” and “colonised,” or even “French,” “settler,” and “colonised.”


In the field of Algerian history, I am indebted to a long line of scholars who have shown how a range of subject positions and strategies existed (and became increasingly untenable) for Algerian Muslims under French colonial occupation and rule, other than those of passive victimhood, collaboration, or resistance. These include Peter von Sivers’ account of “accommodation and insurrection” among indigenous leadership in Eastern Algeria, Allan Christelow’s study of Islamic jurists, Julia Clancy-Smith’s revisionist history of Sufi brotherhoods, and James McDougall’s corpus of studies on the struggles of Algerian elites to define and ‘remember the nation, to run associations cultuelles, or organise schools. Peter von Sivers, “Insurrection and Accommodation: Indigenous Leadership in Eastern Algeria, 1840-1900,” International Journal of Middle East Studies 6, no. 3 (July 1, 1975), 259–75; Allan Christelow, Muslim Law Courts and the French Colonial State in Algeria (Princeton: Princeton University Press, 1985); Julia Ann Clancy-Smith, Rebel and Saint Muslim Notables, Populist Protest, Colonial Encounters (Algeria and Tunisia, 1800-1904) (Berkeley: University of California Press, 1994); James McDougall, “The Shabiba Islamiyya of Algiers: Education, Authority, and Colonial Control, 1921-57,” Comparative Studies of South Asia, Africa and the Middle East 24, no. 1 (2004), 147–54; James McDougall, History and the Culture of Nationalism in Algeria (Cambridge: Cambridge University Press, 2006); James McDougall, "État, société et culture chez les intellectuels de l’islāh maghrēbin (Algérie et Tunisie, 1890-1940) ou la Réforme comme apprentissage de 'l'arriération',' in Odile Moreau (ed), Réforme de l’État et réformismes au Maghreb (XIXe-XXe siècles) (Paris: Éditions l'Harmattan, 2009); and James McDougall, “The Secular State’s Islamic Empire: Muslim Spaces and Subjects of Jurisdiction in Paris and Algiers, 1905–1957,” Comparative Studies in Society and History 52, no. 03 (2010), 553–80.
small, distinct group such as auxiliaires médicaux and adjoints techniques de la Santé do not follow a single trajectory.\footnote{On the case for micro-narratives, see Laila Parsons, “Micro-Narrative and the Historiography of the Modern Middle East,” \textit{History Compass} 9, no. 1 (2011), 84–96.}

This dissertation introduces a number of themes to the literature on medical assistants and empire. Foremost among them is race and religious pluralism. Auxiliaires médicaux indigènes were, \textit{de jure}, “native Muslims” (indigènes musulmans). Under colonial law, the terms “Muslim” or “indigène” and “European” were employed in official discourse to differentiate between colonised and settler populations.\footnote{For an elaboration of the history of these terms, see Todd Shepard, \textit{The Invention of Decolonization: The Algerian War and the Remaking of France} (Ithaca: Cornell University Press, 2006), chapter 1.} Unlike Arab Jews, Algeria’s other indigenous population, “Muslims” were French in nationality but not in citizenship. Muslims did not automatically possess voting rights until 1958; they experienced systematic discrimination under a particular law code, the \textit{Indigènat}, until 1931,\footnote{The \textit{Indigènat} was suppressed by decree on 1 May 1930 (effective 1 April 1931). From this date, crimes were referred to the Justice of the Peace or a correctional tribunal. Discussed in FR ANOM 9333/103.} and they were liable for both Islamic and French taxes.\footnote{On comparative tax rates paid by Muslims and French citizens, see Charles-Robert Ageron, “Fiscalité française et contribuables musulmans dans le Constantinois (1920-1935),” \textit{Revue d'histoire et de civilisation du Maghreb} (July 1970), 79-94.} It was theoretically possible for Muslim males to obtain naturalisation by decree—a lengthy administrative process—and from 1919 to naturalise \textit{par voie judiciaire} from the age of twenty-five. However, such naturalisation was acquired at considerable cost: the applicant was required to renounce his Muslim personal status and with it the right to marry, divorce, and distribute or receive inheritance according to Islamic law.\footnote{Naturalisation by decree, following the Sénatus-consulte of 14 July 1865, was the only way for Algerian Muslims to obtain citizenship until the “loi Jonnart” of 19 February 1919, named for Gouverneur général Charles Jonnart, that allowed for naturalisation by judicial procedure. See Laure Blévis, “La citoyenneté française au miroir de la
personal status was simultaneously “the site in which the colonial oppression of Algerian Muslims was organised and exercised” and “the key symbolic space,” a rallying point (“shakhṣiyatunā ‘l-islāmiyya”) that preserved Islamic religious patrimony and fostered cultural nationalism.⁵⁷ Only a tiny proportion of Muslims were prepared to renounce their status.⁵⁸

Islam was therefore the primordial category through which French military officers, administrators, ethnographers, and doctors perceived and organised North Africans.⁵⁹ However, as Todd Sheperd and Malika Rahal remind us, the categories of “Muslim” and “European” “were in fact racial rather than properly religious,” since Muslim converts to Christianity were unable to escape their “Muslim” status.⁶⁰ Racial ideology was omnipresent in Algeria under colonial rule, as it was in the intellectual mainstream.⁶¹

As ubiquitous as this racial ideology was, there was nothing straightforward about the notion of “race.” Ideas about human difference assumed different forms and significance according to place, individuals, and audiences, and there were substantial discontinuities across the period in question.⁶² Following McDougall’s observation above, these terms were imposed

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⁵⁷ McDougall, History and the Culture of Nationalism in Algeria, 91, 93.
⁶² For example, it was only in Vichy Algeria that “scientific” racism was implemented in medical research and
on but also inhabited by Algerians themselves. Outside the juridical sphere, Muslim auxiliaires médicaux and Jewish doctors used the collective term “indigènes,” to refer to Muslims, or to Muslims and Jews, or to distinguish rural populations from urbanites (in a similar way to the distinction between bedû and beldî, nomads and urbanites). If this was not done with the same contempt heaped on the word by settlers, but they did endow it with their own connotations of class, communal boundaries, cultural sophistication, and inheritance. This dissertation explores the slippages and sticking points between religion, race, and class difference in the context of rural assistance and auxiliaires médicaux’s working lives. In so doing, it disaggregates their effects, showing how Islam and religious communal labels were operationalised by a range of actors, and how Muslim personal status affected auxiliaires médicaux’s position within the civil service, as well as their relationships with villagers.

administration, in the form of biometric evaluations with a “chromatic” component for auxiliaires médicaux, work into measuring handspans sponsored by the Institut Pasteur de l’Algérie, and a Musée de l’Homme research programme on serology and racial typology. See Institut Pasteur d’ Algérie, Archives de l’Institut Pasteur d’Algérie (Algiers: Institut Pasteur d’Algérie, 1940); Dr Renée Hogarth, “Compte Rendu de Mission En Algérie,” Journal de la Société des Africanistes 12, no. 1 (1942), 241–47. Historians who explore the ubiquity, variety, and unpredictability of ideas about race in the production of scientific knowledge include Helen Tilley, Africa as a Living Laboratory: Empire, Development, and the Problem of Scientific Knowledge, 1870–1950 (Chicago: University Of Chicago Press, 2011); Michael A. Osborne and Richard F. Fogarty, “Views from the Periphery: Discourses of Race and Place in French Military Medicine,” History and Philosophy of the Life Sciences 25, no. 3 (2003), 363–89; Osborne, The Emergence of Tropical Medicine in France.

Another salient theme that emerges from the examination of the medical auxiliary is the extent to which the colonial state was in conflict with itself.\textsuperscript{64} The process of determining the proper function of the \textit{auxiliaire médical} and \textit{adjoint technique de la Santé} was one that set \textit{médecins de colonisation} against \textit{administrateurs des Communes mixtes}; local magistrates against security agents in the \textit{Bureau des Affaires indigènes} and the \textit{Bureau de l’Intérieur}; bureaucrats in one \textit{office} of the \textit{Gouvernement général} against those in an adjacent office. This is suggestive of what anthropologists Christopher Krupa and David Nugent identified as “the simultaneous existence of competing projects of rule, which operate at multiple geographic and social scales.”\textsuperscript{65} The colonial state was not monolithic, and competition and conflict within the state apparatus could both provide or deny opportunities to medical auxiliaries.

A final theme in this dissertation is that of generations, cohorts, and memory. I treat the \textit{auxiliaire médical} and the \textit{adjoint technique de la Santé publique} as members of a single continuous profession, but the longitudinal study of this institution reveals the existence of discrete cohorts

\textsuperscript{64} For a critique of the idea of the homogenous state, see C. J. Fuller and John Harris, “For an Anthropology of the State in India,” in C. J. Fuller and Veronique Benei (eds), \textit{The Everyday State and Society in Modern India} (New Delhi: Social Science Press, 2000); James Ferguson and Akhil Gupta, “Spatialization States: Toward an Ethnography of Neoliberal Governmentality,” \textit{American Ethnologist} 29, no. 4 (2002), 981-1002.

within the group, which has implications for how we think about the functioning of the auxiliarat.\textsuperscript{66}

To give one example: by the 1950s, auxiliaires médicaux instructed and/or mentored by the Jeune algérien figurehead Dr Belkacem Bentami— instructor for the medical auxiliary school from 1904 until 1911 and their mentor until his death in 1931—had retired from their work or passed away. Cohorts whose formative experiences were not with Bentami were found both to act and to write noticeably differently from those whom Bentami had taught or supported. In recent decades, historians of Algerian politics have begun the project of recovering the multiple discourses and identities of nationalism and anti-colonialism from the totalitarianising narratives of the single-party state.\textsuperscript{67} Understanding the background of auxiliaires médicaux and adjoints techniques de la Santé publique who engaged in cultural or political groups can support this project.

**Historical Synopsis of the Algerian auxiliarat médical**

There is no official count of the number of Algerian auxiliaires médicaux and adjoints techniques de la Santé publique trained during the colonial period. By scouring archival sources,

\textsuperscript{66} Myron Echenberg’s collective biography of the Tirailleurs Sénégalais exemplifies such a cohort-based approach. Echenberg discerns four distinct phases in the army’s existence, leading him to write of “four armies.” For studies that attend to generations and cohorts in the formation of scientific communities, see Lynn K Nyhart, Biology Takes Form: Animal Morphology and the German Universities, 1800-1900 (Chicago: University of Chicago Press, 1995); Melinda Clare Baldwin, “Nature and the Making of a Scientific Community, 1869-1939” (Ph.D. dissertation, Princeton University, 2010).

periodicals, and newspapers for names, I have determined that approximately 300 men entered into training between 1904 and c. 1960. To set this institutional capacity of the medical auxiliariat in comparative perspective, more adjoints médicaux de Santé publique—holders of a three-year paramedical qualification similar in fundamental ways to medical auxiliary training—completed a three-year qualification in the Democratic Popular Republic of Algeria during the years from 1965 to 1971 than received medical auxiliary training during more than five decades of colonial rule.

As is clearly evident from the map in Figure I (below), which illustrates the network of adjoints techniques de la Santé publique at its greatest extent before the Algeria War, rural

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68 Altogether I have identified the names of 289 auxiliaires médicaux and adjoints techniques de la Santé. This is not the entirety of the corps, but it is only with further examination of personnel files and the archives of Communes mixtes that a more accurate figure will be reached. Despite the good intentions of officials and motivation of personnel, “doctoring the bled” was a project whose numbers were pitiful in comparison to its stated goals. Recruitment was intermittent. Initially, the colonial authorities awarded ten to twelve student stipends annually. Recruitment ceased in 1911 while the programme was reorganised, resuming in 1913 and continued during the war. Recruitment was suspended again in 1927 because of revisions to the curriculum. In 1934, the length of auxiliary training was extended to three years. Morale of students and graduates at this point was low, primarily due to lack of funding. Nonetheless, the career continued to attract new recruits. In 1938, seventy-eight candidates competed for only eight places at the training school. During the Second World War, this number of places was reduced to five, and from 1942 to 1944 the annual competition was cancelled entirely while the school was reorganised. After this hiatus, the authorities held a recruitment drive from 1945 onwards, with little effect. The concours was only attracting a handful of applicants in the late 1940s, and only two or three bothered applying in 1950 and 1951. Figures on enrollment from FR ANOM FM 81F/1643, Report “Écoles de la Santé Publique,” 1 April 1950. Raymond Féry claims that recruitment was put on hold from 1943 to 1948, but this is vitiated by the archival evidence (Raymond Féry, “Les Auxiliaires du Médecin Rural,” Journées de Médecine Rurale, “L’Essor de la médecine rural en Algérie,” Tiaret 14-15 Noevember 1959.) Recruitment flyers dating from 1945 were found in FR ANOM 93302/122 La Calle, Q1 Haut Sebaou—Azazga and La Calle.

69 Cf. figures in L’expérience algérienne : séminaire sur le développement d’un système national de santé, Alger 7-8 avril 1983 (Algiers: Journal l’Unité, 1983), 146 with CANA/DZ/17E/2117, “Tableau d'ancienneté des Adjoints techniques de la Santé arrêté au 1er Janvier 1951”. To apply a comparison from the colonial era, a training school for auxiliary doctors in Dakar produced an estimated 800 auxiliaries from 1917 to 1951. Figure from Jean-Paul Bado, Les conquêtes de la médecine moderne en Afrique (Paris: Karthala Éditions, 2006). Since the total population of the AOF served by the school was more than twice that of Algeria’s, the number of auxiliary trainees per capita is not disproportionate. For census data, see Gouvernement général de l’Afrique occidentale française, Situation générale de l’année (Gorée: Imprimerie du Gouvernement général, 1908).
Algerians had limited access to state health care services. Medical auxiliaries were posted to towns, seldom to open countryside, and as Amokrane Ouldamer (’29) explained in a letter to Inspecteur général de la Santé publique Alexandre Lasnet in 1932,

This meets the needs of the population very well in the centre where he finds himself. But this activity affects only 7 to 8000 inhabitants out of 50,000 (I take the figures for our circonscription of Nedroma, which is not the most vast nor the most populated). Thus 42,000 out of 50,000 inhabitants elude our care unintentionally.70

The total number of patients that medical auxiliaries treated can only have been a fraction of the total Algerian Muslim population, most of whom continued to receive care within the extended family, and to seek remedies and cures outside the ranks of state medical practitioners.71 Arab and Kabyle notables and doctors recognised that the auxiliarat médical was a project whose numbers were paltry in comparison to its stated goals. It is only possible speak of the state “doctoring the bled” in a systematic fashion after Algerian independence.72

70 CANA DZ/AN/17E/1094, Amokrane Ouldamer, “Notes sur l’assistance médicale en Algérie à M. l’Inspecteur Général Lasnet,” 24 August 1932, 9pp, 4. “Cela répond très bien aux besoins de la population du centre même où il se trouve. Mais cette activité ne touche que 7 à 8000 habitants sur 50,000 (je prends les chiffres de notre circonscription de Nédroma qui n’est pas la plus vaste ni la plus peuplée). Donc 42,000 sur 50,000 habitants échappent à nos soins malgré nous.”

71 On the complementary relationship between biomedicine and “popular” medicine see the doctoral dissertation of Mohammed Salah Belguedj, Médecine populaire et droguistes dans le Constantinois (Strasbourg: Istra, 1951).

In comparison with the stated goals of colonial officials, it is evident that medical auxiliaries similarly failed to “doctor” the *bled*. Up until the Second World War, lack of funding for medical auxiliary stipends, salaries, and instructional costs, as for other forms of assistance for Muslims, was a perennial problem. As the costs of training recruits and paying their salaries apparently absorbed half of the budget allocated to “native” health in the early 1920s, this in turn limited the possibility of other kinds of medical action provided by the state. In the mid-1930s,

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73 CANA TDS 0753, “Procès-verbal de la réunion de la S/Commission chargée de préparer le projet définitif d’organisation du corps d’accoucheuses indigènes, séance du 17 avril 1923,” 4. Overall, it is difficult to establish precisely how much was spent on *auxiliaires médicaux* from year to year based on the annual projections of the *Projets budgétaires votés par les assemblées financières algériennes*. The costs of training *auxiliaires médicaux* were recorded together with the costs of training Arabic instructors at the Médersa; while wages for auxiliaries were folded into the costs of clinics, dispensaries, free consultations, and inspections. Only in 1930 did *auxiliaires médicaux* receive their own line entry in the colonial budget.
parents of incoming students to the medical auxiliary programme were required to sign a contract that obligated their sons to perform five-years of service following training; yet on completing the programme, a number of graduates found themselves unemployed as fewer posts than trainees were being funded.

In contrast, from 1945 the colony’s budget for auxiliary training and employment was consistently underspent. For all the damage Vichy laws inflicted on the medical profession in Algeria, it was under the aegis of the État français that officials in the Algerian Direction de la Santé Publique acknowledged the need for creating new medical circonscriptions, that is, medical districts. As these multiplied, more vacant positions for personnel were created. The number of medical auxiliaries on the ground reached its fullest extent in 1951, with 141 agents, at a time when the Algerian population numbered more than 8.5 million—and yet many posts remained unfilled. As an expedient, the Direction de la Santé Publique created a temporary category of paramedical assistants, the auxiliaires de l’Assistance médicale gratuite, provoking the corporate fury of adjoints techniques de la Santé publique. By 1959, the latter group had been more or less superseded in the bled by the Adjointes sanitaires et sociales rurales auxiliaires and its Équipes médico-sociales itinérantes: institutions that evoked the fifty-year old medical auxiliarat and the mobile epidemic units in which they had worked, but employed both men and women. Although only slender archival and anecdotal evidence is available for the

74 See Le Bulletin sanitaire de l’Algérie for the years 1940 and 1941.
76 CANA DZ/AN/17E/2054.
Algerian war, it is probable that during this time medical auxiliaries chose to abandon their posts in the bled, or were forced to abandon them because of violence from the French military, local violence, or intimidation from the FLN.  

From this brief overview, it should be clear that material resources and administrative support for the medical auxiliary were not fixed over the course of its existence. Indeed, official commitment to auxiliaires médicaux, their standing within the Algiers École de Médecine, and their relationship to the colony’s institutions of public health shifted with each new incoming Gouverneur général, public health director, academic, and expert. Identifying the institution’s ups and downs is an important part of this dissertation.

Intentionally, I eschew labelling the auxiliarat institution and its members a “failure”. To speak in these terms would be to ignore the miracle of the institution’s survival, which was on the whole attributable to the tenacity of its members and instructors. It would also discount the very real contribution these figures played after independence, when most of the pied-noirs who constituted the majority of medical and paramedical staff in Algeria left the country. However, the paths taken after Algerian independence by auxiliaires médicaux, adjoints techniques de la

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77 Medical auxiliary recruitment was judged completely insufficient for the needs of rural medicine, and one medical civil servant proposed orienting them towards hospital specialisations (radiography, anaesthesiology, laboratory work). Raymond Féry, “Les Auxiliaires du Médecin Rural,” Journées de Médecine Rurale, « L’Essor de la médecine rurale en Algérie, Tiaret, (14-15 Nov 1959), 5. But adjoints techniques de la Santé publique who did remain at their posts in 1955/56 were treated with suspicion by military agents of the Sections administratives spécialisées. The fates of medical auxiliaries during the war is something I intend to explore more thoroughly with oral history in a future book project.

78 It is possible that the same could be said of similar formations in interwar South Africa and French West Africa, which Shapiro and Bado respectively suggest were failures. Karin A. Shapiro, “Doctors or Medical Aids-The Debate over the Training of Black Medical Personnel for the Rural Black Population in South Africa in the 1920s and 1930s,” Journal of Southern African Studies 13, no. 2 (1987), 234–55; Jean-Paul Bado, Médecine coloniale et grandes endémies en Afrique 1900-1960: lèpre, trypanosomiase humaine et onchocercose (Paris: Karthala Éditions, 1996).
Santé publique, and their children—many of whom followed their fathers into medical and social work—and their part in reconstituting will form the subject for a separate study.

Sources and Structure of the Dissertation

In common with France, assistance and santé publique in Algeria under colonial rule were subject to a high degree of decentralisation. Official administrative records relating to medical auxiliaries are therefore distributed unevenly across the archives of the Gouvernement général, préfectures, sous-préfectures, and communes. For example, over the course of his career, a medical auxiliary accumulated a personnel file at each new posting. Matters relating to assistance publique and santé publique have not been a priority for French archivists, and so it is necessary to cast a wide net to find relevant materials.79

In spite of this decentralisation and poor accessibility of documents, the relative strength of the twentieth-century bureaucratic state in Algeria left an archival legacy that makes it possible to analyse the circumstances of auxiliaries’ education and working lives in greater detail and complexity than has been possible for scholars of comparable professional groups in other colonial states.80 The most important sources for this dissertation were the archival collections of the Centre des archives nationales d’Algérie (CANA), the Service de consultation des Archives de la Wilāya d’Alger (SAWA), and the Service de consultation des Archives de la Wilāya de Constantine (SAWC) in Algeria, as well as the Centre des Archives d’Outre-mer (ANOM) in

79 Personal communication, Daniel Hick, 3 February 2011.
80 As Clifford Rosenberg noted, systems of civil registration were more developed in Algeria compared to other colonial states in Africa, which made it a suitable site for clinical research. Clifford Rosenberg, “The International Politics of Vaccine Testing in Interwar Algiers,” The American Historical Review 117, no. 3 (June 2012), 671–97. Auxiliaires médicaux were both the subjects of documentary records and its authors.
Aix-en-Provence, France. The CANA contained records of the École des Auxiliaires médicaux indigènes, official correspondence between the Gouvernement général and instructional staff at the Algiers École de Médecine, and personnel files. Considerable quantities of material on santé publique have already been catalogued, and the work of classifying these documents continues under the aegis of Director Abdelmadjid Cheikhi. These records provided the “view from Algiers.”

Holdings of the SAWA, SAWC, and ANOM opened onto the “view from the bled,” in the form of prefectural and administrative correspondence and records. To my knowledge, historians of medicine in Algeria have not made use of the archives of Algeria’s Communes mixtes, yet these contained many of my most precious archival finds. The collections of the SAWC are particularly well organised, and the communal archives are bursting with petitions, reports, and the correspondence of djemaʿas. I chose to concentrate principally on Akbou and the arrondissement of Bougie/Bejaïa because of my familiarity with the terrain; Akbou features particularly heavily in chapters three and five. At the ANOM, the records of Communes mixtes are gradually being prepared for release to the public under the direction of Isabelle Chiavassa. I was fortunate enough to be invited by Daniel Hick to consult uncatalogued boxes from Tiaret and Ain Témouchent, which, along with Akbou, feature as case studies in chapter five.

It is still unusual for historians of France and French Empire who work on Algeria to use sources in Arabic; historians of other Arab countries are disposed to believe those who claim there are no extant sources in Arabic, because of the perceived strength and longevity of the French state. However, this is by no means true. The records of Communes mixtes are filled with petitions and letters in both classical Arabic and the Arabic of every day speech. Thus qāʿids in
Berberophone regions of Kabylia composed reports and correspondence in Arabic until the 1930s and 1940s; while those in the west of Algeria used Arabic until at least the 1950s.

The contents of communal archives, particularly the *shikāya* (complaint, petition) literature they contain, allowed me to explore how state medical interventions engaged communities, and vice versa. By its nature, a *shikāya* represents a local perspective. Although written by a scribe, the head of a *djemaʿa*, or a self-appointed individual, it includes signatures and marks made by illiterate members of the community. These documents in their original languages, and the window they open onto sufferers and local society, necessitate a substantial re-evaluation of how we approach the social history of medicine in Algeria. They lead me to see assistance and santé publique under colonial occupation as far more reciprocal than has previously been assumed to be the case.

I complemented the evidence of state archives with French- and Arabic-language newspapers, private collections, oral accounts, genealogical websites, and family histories, many of which have never been the subject of historical analysis. The evidence of newspapers is particularly important, as it supplements the lacunae of personnel files.

The dissertation is also indebted to practising and retired medical professionals, both Algerian and pied-noir, who shared their insights and memories with me during my research, and to Algerian medical historians and amateurs of the history of medicine whose published and unpublished biographical, autobiographical, and historical works appear in the bibliography.  

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81 In addition to autobiographies and autobiographical novels (listed in the bibliography), the Algerian section of the website [http://www.santemaghreb.com/](http://www.santemaghreb.com/) deserves mention as an important reference work for the history of Algerian
These constitute a rich legacy for the profession, and I hope the archival reconstruction carried out in this dissertation reinforces their efforts.

The dissertation consists of five chapters that proceed diachronically while being organised thematically. Chapter one describes the historical conditions of possibility for the twentieth-century *auxiliarat médical* and *assistance médicale des Indigènes*. Its focus is on legislation, administration, and the sources of funding for twentieth-century medical services. It argues that *assistance* in Algeria was neither an invention of the Third Republic, nor exclusively a “tool of empire.” Rather, it appropriated and reconfigured pre-existing structures and funding sources, and profited from Muslim elites’ enthusiasm for new technologies of disease management.

Chapter two is a micro-history of the recruitment, examination, and training undergone by *auxiliaries médicaux* at the Algiers École de Médecine. It compares the content of the curriculum with Tunisian auxiliary training and French nursing programmes. It also studies the influence of the first instructors, namely the leading *Jeune algérien* figure Belkacem Bentami and the settler Victor Trenga. This allows me to tease out the multiple strands of thought about Algerian medicine, physiology, and pathology at play at the École de Médecine. The chapter

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medicine and health. Professor Larbi Abid, ambassador for Santé Maghreb and editor of and contributor to the history pages, adopts an inclusive and connective view of the history of medicine and medical practice in Algeria. Consequently, the website includes biographical treatments of *pieds-noirs* and Algerians. Typically, elite or politically prominent medical workers rather than rank-and-file healthworkers are the focus. As Professor Abid explained to me, it was on meeting the *pied-noir* doctor Jean-Philippe Neidhardt during a visit to the CHU Lyon-Sud in France that he decided to pursue the study of the history of medicine in Algeria: “[Neidhardt], had done his medical studies in Algeria and left in 1962 at independence. I had never met him before; he questioned me on the state of hospitals in Algiers and about certain heads of department whom he knew better than I did. Following this encounter, I decided to devote a part of my free time to the history of medical practice in Algeria and to making it known to younger generations.” Personal communication, confirmed by email, 2 June 2014.
demonstrates that the choices of recruitment mechanism, curriculum content, and instructional staff for the *auxiliarat médical* had consequences unintended by French authorities and medical faculty alike, producing a group of subaltern intellectuals who derived their status from multiple sources of cultural authority.

Chapter three follows the itineraries of *auxiliaires médicaux* from Algiers to clinics in the *bled*. It argues that the unevenness of colonial administrative rule, along with local and interpersonal factors, meant the auxiliary’s role was too open to interpretation and frequently gave rise to unexpected arrangements and accommodations with physicians. The negotiations and contestations that ensued served both to enact and to destabilise the racial and social hierarchies and assumptions of settler rule.

Chapter four explores the deteriorating relationships between the state and *auxiliaires médicaux* during the war of 1914-1918, and their lasting effects on the *Assistance médicale des indigènes*. *Auxiliaires médicaux* attained the peak of their autonomy during the war. Because of personnel shortages and (un)sanitary conditions, civil and military authorities employed *auxiliaires médicaux* to perform what prior to the war would have been decried as “illegal” medicine. The experience of war thus contributed to giving auxiliaries social capital and incentives to pursue the professionalisation of their cadres.

Chapter five examines the role of *auxiliaires médicaux* and *adjoints techniques de la Santé publique* as vaccinators. Smallpox vaccination campaigns during the interwar period were remarkably effective. Not only did the French state persuade Algerians to impose interventions on themselves, they cultivated a crop of auxiliaries who were proud to do so and who identified strongly with the state’s project. This chapter supports the observation among historians of
medicine that there was a gradual fetishisation of technological interventions over environmental ones in the first half of the twentieth century, but nuances our understanding of the causes of this shift by arguing that the involvement of medical auxiliaries created a feedback loop, whereby both the state and its agents depended upon interventions that could be quantified and traced easily.

**Note on Terminology**

I have chosen to refer to the autochthonous inhabitants of the territory known as “Algérie” during French colonial occupation as Algerians, Algerian Muslims and Jews, or Muslims; and immigrant Europeans as Europeans or settlers. There are grounds for arguing that all these terms should appear in inverted commas, to indicate that they are objects requiring historical analysis rather than objective categories. Imagine, if you will, invisible inverted commas. The one instance in which I insist on the use of this punctuation concerns the word “native:” while it was used with ubiquity by all the historical actors in this study, the word still has the capacity to do harm.

82 This is the convention followed by Shepard, who ably deconstructs these terms and their ramifications within the framework of French political structures and identity, in Shepard, *The Invention of Decolonization*. 
Chapter One

Undoctored Souls: Republican, Imperial, and Islamic Ideologies in the Making of Algerian Assistance

At the turn of the twentieth century, a series of medical programmes of study were established in colonial capitals across the French Empire. The first was a school for médecins de colonisation indigènes in Tananarive, Madagascar in 1898. A school for médecins auxiliaires in Hanoi (1902), and programmes for auxiliaires médicaux indigènes in Tunis (1903), Algiers (1904) and Dakar (1904), soon followed. Contemporaries cited as a justification for such programmes precedents from India under Company Rule, Ottoman Egypt, and Dutch Java. All these French


2 The movement of categories and institutions of medical assistants across a fragmented imperial landscape is the subject for a future study. As my reconstruction of events in this chapter suggests, such a project requires to be based on archival research, rather than published statements of doctors and officials alone. The East India Company founded “Native Medical Institutions,” which combined study of English textbooks with principles of Unani tibb and Ayurvedic medicine in Calcutta (1824) and Bombay (1826) to equip the army with subordinate surgical staff and dressers. Both schools were phased out in the 1830s in favour of medical colleges where instruction was provided in “western” medicine only. David Arnold, Science, Technology and Medicine in Colonial India (Cambridge: Cambridge University Press, 2000), 61–75. Mehmèd Ali Pasha, Ottoman vali of Egypt (1805-48), under the advice of French doctor Antoine-Bartolémé Clot bey, founded the medical school of Abu Za’bal in Cairo in 1829 (which later moved site and was renamed Qasr el-ʿAini) and a School of midwives (1832), at which barber surgeons received accreditation to perform vaccination while slave women were trained as hakîmas to gather vital records and perform legal medicine for women. Two archival studies of the school are Sylvia Chiffleau, Médecines et médecins en Egypte: construction d’une identité professionnelle et projet médical (Paris: Éditions l’Harmattan,
imperial institutions offered training for “indigènes” to a level of proficiency below that of a doctor, at a time when the practice of medicine in continental France was officially restricted to individuals holding a university degree in medicine. It was envisaged that these programmes would qualify school leavers to staff state-sponsored assistance (welfare) projects for colonised populations throughout the Empire.

For reformers in France, the provision of free, state medicine, much like free, compulsory education, was an element essential to forge a Republican citizenry and to secure political legitimacy and social stability. Algeria’s auxiliaries médicaux and Assistance médicale des Indigènes were products of Republican, liberal, and solidarist ideology, an expression of the state’s commitment to doctor the casualties of social change and to transform society through hygiene. Such institutions were also a phenomenon of global empire, and bore the imprint of colonialism’s need to differentiate among, and create hierarchy within, the populations it embraced. A final feature of the Algerian programme was Islam. With both the Auxiliaries médicaux indigènes and the Assistance médicale des Indigènes, French authorities in Algeria


established a religiously-informed system of medical assistance in which the precepts, symbolic authority, and revenue streams of Islam were co-opted by the state in order to promote public health interventions and justify segregated infrastructure.

It is the aim of this chapter to adumbrate the changes in governance and ideology that contributed to establishing the conditions and circumstances that culminated in the inauguration of the Algerian auxiliarat médical. It adopts the perspective of the small number of people—French, settler, and Muslim alike—who, for diverse reasons, either championed or resolutely opposed the idea of providing medical assistance for Muslims when most settlers were largely indifferent to the subject. The focus is on policy deliberation, administration, and, above all, on the procuring of monies. I demonstrate that assistance in Algeria was not an invention of the Third Republic. Rather, French authorities appropriated and reconfigured existing structures and funding sources, and sought to exploit Muslim elites’ enthusiasm for new technologies and methods of disease management.

The chapter begins by delineating the contours of welfare structures and medicine in Algeria during the nineteenth-century. This important background contributes to understanding how both auxiliaires médicaux and their prospective patients positioned themselves with respect to the medical services offered by the state in the twentieth century. As we have no comprehensive historical account of welfare and medicine before the conquest, this section weaves a composite overview from Arabic-language newspapers and manuscripts, scientific journals, official government correspondence, and financial accounts. The chapter then examines government-sponsored attempts to reconcile French state regulation and ideologies of hygiène with the legal precepts of Islam, by exploring a bilingual health treatise published in 1896. Except for the use of oral histories, a methodology unavailable for scholars of the nineteenth-
century, the access of historians to indigenous perspectives on Europeans’ medicine is difficult and limited. Often the only sources available are colonial ethnographies, which, as George Trumbull IV explains, may inform us more about the colonial society that produced the ethnography than they do about local beliefs and knowledge. This renders the alternative viewpoints presented in treatises and newspaper articles all the more valuable. Finally, the chapter chronicles five decades of fruitless discussions aimed at enrolling Algerian healers in colonial objectives, and examines the new pressures from mainland France and neighbouring Tunisia and Morocco that finally precipitated the creation of the institution of the *auxiliarat médical* in 1904.

**Welfare during the Transition from Ottoman to French Imperial Rule**

At the turn of the twentieth century, few settler physicians had first-hand experience of the early decades of the conquest. Republican social ideologies that made a firm connection between political legitimacy, state medicine, and *assistance* became a lens through which the Algerian past was observed. Henri Soulié, a French immigrant to Algiers from Aveyron in the Midi, co-founder of the first Pasteur Institute of that city, amateur historian, educator, and champion of Muslim welfare, played a key role in crafting that lens (Figure 1.1).

In a report prepared for the Paris *Exposition universelle* in 1900, and reproduced in 1903 in the preeminent medical journal of the Algerian colony, Soulié explained that the Ottoman regency had been indifferent to public assistance. He identified a small number of urban asylums

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5 Henri Soulié, *L’Assistance publique chez les indigènes. Brochure de l’Exposition de 1900* (publisher and date
(known as māristāns, from the Persian bīmāristān) that functioned through the private charity of religious confraternities, but noted how scarce they were and that medical care was not provided.6 While French medical assistance in Algeria was hardly well developed on the cusp of the twentieth century (see Figure 1.2), Soulié undoubtedly ignored Ottoman welfare in order to praise French achievements and to exhort his readers to support the creation of new public assistance structures that would serve Muslims. His double slur against Ottoman stewardship and the Islamic social welfare system that predated the French conquest of 1830 was uncritically repeated and recycled in a host of scientific articles, university theses, and official publications, essentially until the Algerian war of independence erupted in 1954.7

By emphasising the absence of social welfare networks in the Ottoman era, twentieth-century commentators, Soulié included, ignored the extent to which the French military was responsible for plundering existing sources of community assistance following the conquest of Algiers. Administrative officials during the Second Republic and Second Empire, were more familiar with these welfare structures since they were required to resolve the legal challenges caused by their expropriation.8 The cornerstone of pre-colonial welfare structures was the ḥabūs

6 Witnesses to the conquest recounted a far more nuanced story. At the time of the conquest, the city of Algiers had four hospices and was also served by the Caratine hospital, founded in 1550 by Hassan Pasha, son of Kheireddin Barbarossa. The hospital continued to function until 1854. Apparently, the institutional memory of it had faded by the time Soulié was writing. For details, see Larbi Abid, La pratique médicale en Algérie de la période coloniale à nos jours (Algiers: Editions ANEP, 2008).
8 See for example, Centre des archives d’Outre-mer, Aix-en-Provence, France (henceforth FR ANOM) ALG GGA
(or ḥubs pl. aḥbās)—habous in French transliteration—more commonly known as waqf (pl. awqāf), elsewhere in the Islamicate world. Although the ḥabūs is often thought to be a religious phenomenon, and indeed religious law influences its construction, ḥabūs are shaped by the needs of a particular society and by individual men and women. A deed of ḥabūs, for example, allows an individual to circumvent Islamic inheritance law and to bestow property and possessions outside the legal line of succession, especially for a pious purpose. In the case of public ḥabūs, the revenues from endowed properties may fund public utilities of the donor’s choice such as mosques, schools and student stipends, public fountains, and refuges and hospices, including dār al-mardā for the sick and infirm. The donor and his or her acknowledged heirs may continue to hold usufruct rights to the properties placed in trust. After the donor’s death, agents administer the properties and goods on behalf of the beneficiaries. Any change to the terms of the deed of gift invalidates a ḥabūs, so that the inheritance passes back to the rightful heirs.

14H/2. At the turn of the century, a small number of scholars did recognise that an act of spoliation had taken place, among them Ernest Mercier, La Question de l’assistance publique musulmane (Constantine: Imprimerie à vapeur Émile Marle, 1899). Mercier references other uses of the term spoliation in Eugène Clavel, Droit musulman. Le wakq ou habout d’après la doctrine et la jurisprudence (rites hanafite et malékite) (Cairo: Imprimerie de Diemer, 1896) and Joseph-François Aumerat, “La Propriété urbaine à Alger,” Revue Africaine 41 (1897), 321-330 and 42 (1898), 168-201.

9 The second form of the Arabic verb ḥb s, means “to tie up inalienably…especially for a pious purpose.” Hans Wehr and J. Milton Cowan, A Dictionary of Modern Written Arabic (Arabic-English) (Ithaca: Spoken Language Services, 1994).

10 This summary is informed by a roundtable on qaqf directed by Randi Deguilhem at the Middle East Studies Association Annual Meeting, New Orleans, 10-12 October 2013. For an introduction to waqf and the distinctions between public and familial waqf, see David S. Powers, “Wakf,” in Peri Bearman et al. (eds), Encyclopaedia of Islam (Boston: Brill, 2003); and Randi Deguilhem, “The Waqf in the City” in Salma Khadra Jayyusi et al. (eds), The City in the Islamic World (Boston: Brill, 2008), 923-950. Deguilhem is author of a major study titled, Le waqf dans l’espace islamique: outil de pouvoir socio-politique (Damascus: Institut français de Damas, 1995). Studies of ḥabūs in pre-colonial Algeria include Grangaud’s account of an urbanisation project in Constantine and Ouddene Boughoufala’s dissertation on urban development and relations between Méдéa and Miliana. Isabelle Grangaud, La ville imprenable: une histoire sociale de Constantine au 18e siècle (Constantine: Éditions Média-Plus, 2002), 258–268; Ouddene Boughoufala, "Relations socio-économiques entre deux villes et leurs territoires en Algérie précoloniale Médéa et Miliana à partir des documents habous/waqf" (Ph.D. dissertation, Aix Marseille 1, 2007).
Figure 1.1. Henri-Pierre-Marie Soulié
Oil portrait from private collection of Soulié family, provided courtesy of Professor Paule Lapeyre.

Figure 1.2. Extent of Algeria’s hospital network in 1903

Legend

+ Hôpitaux musulmans (6) run by White Fathers
× Hôpitaux civils (16)
★ Hôpitaux mixtes (6) run by the military

The Ottoman treasury (Bayt al-Mal) held copies of ḥabūs deeds, registered as property belonging to “Mecca and Medina,” but the endowments were not managed by the Ottoman state. The French military, led by General Clauzel, seized these deeds together with the treasury and domains of the Ottoman regency during the conquest. The endowed lands were then absorbed into the domaine d’état—notably in contravention of the 4 July 1830 capitulation treaty in which the French had promised to respect Muslims’ property, customs, religion and laws.\(^\text{11}\)

Subsequently, individuals continued to make private ḥabūs while the agents of public ḥabūs were compelled to surrender control to non-Muslim administrators who were appointed by the French state.\(^\text{12}\) This uneasy situation persisted until the loi du 26 juillet 1873 abolished all but French property law in Algeria, thereby eliminating the ḥabūs.\(^\text{13}\) A portion of the revenues deriving from the numerous endowments seized continued to be used for charitable purposes; for example, contributions were made to Bureaux de bienfaisance in major towns. Generally speaking, however, in appropriating and abolishing the ḥabūs, the colonial state dismantled community support systems designed to curb the kinds of social fragmentation that threaten biological wellbeing.

As regards the reproach that the Ottoman state had failed to regulate medical practice, French officials too recused themselves from any involvement in this realm. On 12 July 1851 an

\(^{11}\text{Although it was subsequently recognised that an error had been made, the properties were not returned, and a decree of 7 December 1830 went a step further by placing the administration of ḥabūs under the authority of the French Empire and melding the revenues from rents and sale of properties into a common fund (all of which actions invalidated the terms of the ḥabūs). These revenues were then used to fund, amongst other things, salaries for indigenous elites who supported French occupation, as well as contributions to Bureaux de bienfaisance (charity offices) in the cities of Algiers and Constantine. See FR ANOM ALG GGA 14H/2.}\)

\(^{12}\text{For examples, see FR ANOM ALG GGA 14H/2.}\)

imperial decree extended the metropolitan *loi du 19 Ventôse An XI* (10 March 1803) on medical licensing to Algeria. The law required practising doctors and surgeons to hold a medical degree or a health officer qualification. The eleventh article exempted “natives, Muslims or Jews, who practice medicine, surgery and midwifery on behalf of their coreligionists” from prosecution. There was no system of registration for “natives […] who practice,” a category of people that might include doctors, known variously as ṭabīb (pl. aṭibbā) or ḥakīm (pl. ḥukamā) in Arabic; herbalists, bonesetters, trepaners, holy persons given the honorific title mrābiṭ (marabout to the French, roughly alluding to a living or dead saint), and women who assisted at childbirth (*qabla*).

Eradicating these various and essential practices would have been impossible given the sheer numbers of indigenous Algerians, and compounded by the lack of sufficient information and coercive capacity on the part of the state.

Meanwhile, French physicians demonstrated considerable interest in the therapeutic arsenal of Algerian healers, together with local diet and clothing, which were supposed to be better adapted to local conditions. After all, their neo-Hippocratic medicine drew on the same body of Greek heritage as “Moorish medicine,” and considered health and disease within the


15 See translations such as Alphonse Meyer, *Tuḥfa al-ahbāb fī mā hiya al-nabāt wa al-‘ašāḥib/Don précieux aux amis traitant des qualités des végétaux et des simples. Traduit et annoté* (Algiers: Imprimerie de l’Association Ouvrière, 1881). The volume of manuscripts by military medics on the topic of Arab medicine at the Archives du Service de Santé, Val-de-Grâce (VDG), esp. carton 68, attests to this interest.
same humoral framework. French and Algerians alike shared a popular belief in the dangers of “fatal fumes” to health. The miasmatic theory of contagion continued to hold salience for educated European doctors, as it did for unlettered Algerian villagers, well into the twentieth century. The small number of Muslim doctors who graduated from French medical schools in the colonial era contributed to keeping elements of “Arab” and “African” medicine in circulation.

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16 The question of the similarity of northern and southern Mediterranean *materia medica* has received scholarly attention in the case of Egypt. Worth Estes and Kuhnke suggested that there was an overlap of seventy-eight percent between French and Egyptian pharmacopoeia in the years following Napoleon’s invasion of Egypt; John Worth Estes and LaVerne Kuhnke, “French Observations of Disease and Drug Use in Late Eighteenth-Century Cairo,” *Journal of the History of Medicine and Allied Sciences* 39, no.2 (1984), 121-152. See also Anne-Marie Moulin, “Tropical without the Tropics: The Turning-Point of Pastorian Medicine in North Africa,” in David Arnold (ed), *Warm Climates and Western Medicine: The Emergence of Tropical Medicine, 1500-1900* (Atlanta: Rodopi, 1996), 160-180; Sherry Sayed Gadelrab, “Medical healers in Ottoman Egypt, 1517-1805,” *Medical History* 54, no.3 (2010), 365-386; and Nancy Gallagher, *Medicine and Power in Tunisia, 1780-1900* (Cambridge: Cambridge University Press, 1984).

17 To give one example of popular belief in miasmatic contagion, see Service des Archives de la Wilaya de Constantine (SAWC) 56 Akbou, 1905-1911 for a petition from the inhabitants of Ighil Ali, 9 January 1905 regarding the situating of an abattoir. On the enduring relevance of miasma for certain settler doctors, see Père Goinard, “Remarques d’un vieux praticien sur les causes habituelles de la fièvre typhoïde à Alger,” *Bull. méd. Alg.* 23 (September 1912), 383-387, in which the retired military medic gave a paper to the Société de Médecine d’Alger arguing that spoiled air from sewers caused typhoid. Michael Osborne surveys the transition from neo-Hippocratic medicine to germ-theory based tropical medicine in North Africa in “Resurrecting Hippocrates: Hygienic Sciences and the French Scientific Expeditions to Egypt, Morea and Algeria,” in Arnold (ed), *Warm Climates and Western Medicine*, 80-98.

The legacy of the 1851 decree was such that however much certified physicians, their unions, and medical societies complained about competition from empirics or religious healers, Algerian healers were aware of their right to practice, albeit with limitations. Some of these were decidedly successful at protecting their activities from the ambitions of licensed doctors. The state only moved to prosecute healers or empirics if a client was injured and an administrative official came to know of it. An official policy of tolerance, however, did not impede French authorities from subsequently attempting to gain influence over this parallel, unregulated medical community.

One means by which French authorities established control indirectly over unofficial medical practice was through the regulation of medications. By the late nineteenth century, European commercial therapies were highly visible in the Algerian marketplace. While French pharmacists and physicians were prone to attribute this to the objective efficacy of these products, some were also aware that it was associated with laws regulating the handling and sale of toxic substances. For example, in 1882 the pharmacologist Jules-Aimé Battandier conducted


19 For example, see letters from the Algiers “Moorish” doctor Hajj Ali Hodeifi Si Meziani, his French parliamentary supporter, the Directeur Général des Affaires Indigènes and Directeur Général du Santé publique, defending his right to practise in 1936, in CANA DZ/AN/17E/1821.

20 A dossier in CANA DZ/AN/17E/2026 relating to Exercice illégal de la médecine, records a number of isolated cases of Muslim practitioners inflicting injuries to their patients. The majority of cases in this file, however, were lodged against European healers and doctors. Some were accused of issuing prescriptions and therefore illegally practising pharmacy; others were non-French or naturalised Europeans who were excluded from the profession by a law of 26 July 1935. Another dossier, CANA DZ/AN/17E/1968, includes records of North African Jewish doctors stripped of their right to practice under the Vichy state, according to a decree of 5 September 1940. Accusations of the illegal practice of pharmacy also appear in personnel files, such as, inter alia, FR ANOM 91301/127/Dr Aucaigne, 1910-1924.
an inventory of a “Mozabite” apothecary-shop in Algiers (the men of the Mzab were, and still are, known for being long-distance traders). He declared that much of the stock he inspected was indistinguishable from that of a European grocer. He also remarked wryly that trade in traditional preparations must be slow, since their jars were covered with spiders’ webs. Battandier qualified his disparaging comments about the lack of innovation in local medicine with an acknowledgement that newly-imposed French laws restricting the sale of mercury, orpiment (arsenic sulphide), arsenious acid, and opium had disabled the local drug trade somewhat, or at least forced it underground.\textsuperscript{21}

At the turn of the twentieth century, \textit{pharmacien-major} F. Malmeac described a visit to the market stalls of certain “Arab pharmacists.” He was unimpressed by the quality and range of their \textit{materia medica}. According to Malmeac, “If certain natives still deal with the ‘taleb addoua’ or the ‘Mozabite,’ the greater number frequent [sic] our pharmacies where they often bring the prescriptions of our doctors and their ‘toubibs’.”\textsuperscript{22} Malmeac did not associate this shift in patronage with laws on drug regulation, though he noted that “If the Arab proprietor has any metallic or vegetable poison, he is careful to hide it, and replies to any indiscreet European who may ask for it. ‘Don’t know; don’t understand.’” The regulation of drugs and fear of prosecution likely explains why the “Mozabite” pharmacist or market druggist was said to be losing custom to European-owned pharmacies. Not only could people have the prescriptions of the \textit{ṭabīb} filled

\textsuperscript{21} These ingredients had formed the basis of many preparations listed in the \textit{materia medica} of the Arabs, including that of Abd el-Rezzaq the Algerian in the eighteenth century. Jules Aimé Battandier, \textit{Le Droguier d’un Mozabite à Alger en 1882} (Paris: Imprimerie Renou, Maulde & Cook, 1882).

in the pharmacy, these also stocked the nostrums of Muslim holders of French diplomas, effectively encroaching on the sphere of practice of local healers. In this way, the spheres of medical practice segmented by religion were much less distinct than those envisaged by the 1851 decree. Market forces in combination with state regulation encouraged a high degree of syncretism in the drug market.

The principal difference between Ottoman and French medicine and welfare, as demonstrated in the case of habūs, was the willingness—and ability—of the state to regulate, uphold, and manage them. Settler officials and physicians at the turn of the twentieth century were too distant from social welfare structures and actions of the Ottoman era and simultaneously too close to their own Republican ideology to evaluate dispassionately pre-colonial medicine and welfare. Instead, medicine and assistance were adduced as proof of European rationality and superior civilisation. Evidence of popular and elite responses to French medicine and its ideologies suggests that Algeria’s Muslims thought in rather different terms.

Preserving and Conserving the Muslim Body

Advertisement pages in the early-twentieth-century Arabic-language press attest to lively competition among European, Jewish, and Muslim patent drug vendors, physicians, and

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24 In this way, the history of medicine made its own contribution to colonial ideology that justified French intervention in North Africa by presenting Ottoman stewardship as illegitimate and disordered. See Turin, Affrontements Culturels Dans l’Algérie Coloniale. There were similar discourses around land management and forestry, as shown in Diana K. Davis, Resurrecting the Granary of Rome: Environmental History and French Colonial Expansion in North Africa (Athens: Ohio University Press, 2007); and Caroline Ford, “Reforestation, Landscape Conservation, and the Anxieties of Empire in French Colonial Algeria,” The American Historical Review 113, no. 2 (2008), 341–62.
pharmacists in urban locales. Advertorials under headings such as *causerie des malades* (“Sick persons’ chat”) and *naṣīḥah* (“Advice”) camouflaged the patter used to promote nostrums and pharmaceutical products by presenting them as independent health advice. Some European physicians and drug sellers resorted to the Arabic language and Islamic symbolism in their publicity in an effort to gain an advantage over their competitors. For example, Valda menthol pastilles manufactured in Lille were sold as the remedy of a turbaned shaykh. Encircling the shaykh were a *haik*-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. Commercial remedies that came in Arabic-language or “Islamic” packaging and treatments offered in French hospitals posed ethical dilemmas for Algerian consumers.

To elaborate one example, consider the consumption of alcohol, which was strictly forbidden by Islam. Alcohol and alcoholic tinctures were used in hospitals across the colony to clean and bandage wounds. *Médecins de colonisation* recommended the application of wine syrups to wounds for their astringent and antiseptic qualities. The education journal, *Le Bulletin de l’enseignement des Indigènes de l’Académie d’Alger*, published a recipe for a *remède de bonne femme* (folk remedy) concocted from wine and sugar. The recipe’s contributor felt certain that its use would allow teachers in French schools to “render precious service to the native population and to gain in that way their esteem, sympathy, and I dare say even their affection.”


No consideration whatsoever was given to any thought that the use of alcohol might be unlawful or repugnant for Muslims.

Anxieties about the purity and spiritual danger of “Frankish” or “Rumi” therapeutics arose more forcefully with regard to smallpox (variola) vaccination. Before the conquest of Algiers, French doctors had considered works in Arabic to be a valuable source of information for the scientific study of smallpox, although they were regrettably hard to access in the original language.27 Algerian doctor Mohamed Ben Larbey explained in his thesis that the practice of variolation (inoculation, namely using live smallpox) had been preserved by Arab and Berber custom “since antiquity.”28 When military medics and médecins de colonisation tried to introduce the novel technique of vaccination, using the less virulent vaccinia (namely cowpox), it caused distress and alarm, and proved to be a catalyst for resistance to the French military.29 It is important to note, however, that obstinate opposition to vaccination in Algeria was far from unique to the Muslim population.30

28 Mohamed Ben Larbey Seguir, La médecine arabe en Algérie (Paris: A. Davy, 1884), 36-37. Ben Larbey is the second Algerian Muslim known to have studied medicine at the Paris Faculté de Médecine.
29 Yvonne Turin identifies a pattern whereby military vaccine services met with cautious acceptance from some members of a community, only to be followed by concerted rumour-mongering and opposition. Anne-Marie Moulin’s comparative studies of vaccination and Pasteurian science across the imperial world also describe patterns of opposition between colonial officials and local society. Yvonne Turin, Affrontements culturels dans l’Algérie coloniale: écoles, médecines, religion, 1830-1880. (Paris: F. Maspero, 1971), 357-264; Anne-Marie Moulin, “La Vaccine hors Europe. Ombres et lumières d'une victoire,” Bulletin de l’Académie nationale de medicine 185, no. 4 (2001), 785-794.
30 A series of smallpox outbreaks in Algeria at the close of the nineteenth century revealed the precariousness of the colony’s supply of lymph: the government was compelled to appeal to private suppliers of glycerinated calf lymph in Algeria, France and as far afield as Switzerland. In order to have accessible and inexpensive local vaccine, Paulin Trolard and Henri Soulé founded the Institut Pasteur d’Alger (1894) complete with its own vaccine-production centre. The product they distributed was unfavourably compared with French vaccine from the mainland and was the target of hostile press because of its perceived inefficacy and potential hazard. Physicians, administrators and even municipal council members boycotted their vaccine. Paulin Trolard disclosed that between 1 January 1896 and 31 December 1899, the centre supplied 20,584 tubes of vaccine to Communes de Plein exercice; 17,104 to Communes mixtes; and 9,974 to so-called Communes indigènes in desert regions. Paulin Trolard, “L’Institut Pasteur
Resistance to vaccination compelled rural physicians to reflect on both procedures and resulted in a number of doctors supporting the continuation of variolisation. For example, Émile Bertherand submitted a paper to the Paris Académie de Médecine in which he suggested that young Arab and Kabyle inoculators could practice variolisation with greater efficacy and fewer accidents than they could vaccination. Mohamed Ben Larbey appealed for a large-scale comparative study of the two techniques, while also expressing the hope that Pasteur’s work on the attenuated virus might resolve uncertainty about best practice. However, by the close of the century, toleration of variolation had disappeared: its dangers continued to be a frequent topic of analysis in Algeria’s leading medical journal, Le Bulletin médical de l’Algérie. A frequent contributor to the journal, Paulin Trolard, adopted the view that nearly all, “if not all,” smallpox epidemics in European towns could be traced to outbreaks in Algerian settlements.

While doctors debated the efficacy and safety of the differing techniques, Algerian villagers proffered different objections. Their active or passive refusal of vaccination was founded in anxieties about faith and ritual purity, revolving around the identity and intentionality of the vaccinator and the nature of the vaccinating substance. Military doctors reported hearing rumours that to accept the authorities’ smallpox (djidri al-beylik) was to abjure God’s (djidri d’Alger depuis sa fondation (November 1894) jusqu’au 1 janvier 1900,” Bull. méd. Alg. 3 (July 1900), 96-97; “Vaccination antivarioliq. Distribution des Tubes de Vaccin depuis le 1 jan 1896 jusqu’au 31 Dec 1899,” Bull. méd. Alg. 10, no. 7 (May 1900); Société de médecine d’Alger, séance du 12 Juin 1901. Résultat des vaccinations, Bull. méd. Alg. 12, no. 7, 285-259. Strachan articulated the challenges faced by the Institut Pasteur d’Alger, subsequently the Institut Pasteur de l’Algérie, in acquiring credibility in John Strachan, “The Pasteurization of Algeria?,” French History 20, no. 3 (2006), 260–75, especially 264.

31 Ben Larbey, La médecine arabe en Algérie, 39-41.
32 Paulin Trolard, “Interdiction de la variolation en pays indigène,” Bull. méd. Alg. 3 (July 1900), 94-95; and Paulin Trolard, “Des mesures à prendre pour propager la vaccine en territoire indigène,” Bull. méd. Alg. 4 (August 1900), 113-119. This was a subjective claim, based on individual testimonies. Insofar as variolation was performed in the course of epidemics, and there was no one to preserve records in in the Communes mixtes, it was impossible to establish a basis for mortality statistics.
allah) and so turn away from His Will; that variolisation was a ceremony, rather than a medical intervention, that could not be performed by a non-Muslim; that vaccinating substances from animals were ritually impure while those from humans could contaminate Muslim blood with Christian or Jewish blood; that the scar left by vaccination marked children for conscription and taxation purposes; or, finally, that the vaccine was a poison to exterminate Muslims.

These objections of Muslims were simultaneously communitarian, religious, and political in nature, as we see in the following example. In 1910, the announcement of a smallpox vaccination session in the Commune mixte of Akbou “provoked a degree of turmoil among the native population.” According to the Gouverneur général’s annual report, “Malicious rumours won credence among this credulous population, which came to believe that vaccination had the purpose of destroying the Muslim race.” Their fears were well founded. In the four decades since the rebellion of 1871, tribes in the region had seen their lands seized by the military and redistributed to European settlers. From 1894, the weekly markets of the Beni Abbès tribe based in Ighil Ali and the village of Guelaa/Qala‘a had been prohibited because they were said to divert

trade away from European-controlled markets in Tazmalt and douar Boni. In 1908 the inhabitants of Seddouk-ou-fellah and Seddouk-ou-adda were obliged to hire a lawyer, Louis Morinaud, from Constantine to register their protest against the unfair distribution of water for irrigation and household use, which threatened ruin for the two Kabyle villages.

Small wonder that such a history had resulted in the development of an atmosphere of distrust, wherein the arrival of a state doctor to vaccinate was regarded as a sign of a dark and destructive plot against Muslims. In response to hostility against French colonisation and medicalisation efforts, and because of the insufficient strength of numbers of military medics, successive military governors proposed schemes that would bring Algerian healers into alignment with colonial objectives.

36 SAWC, 56 Akbou. See petition, habitants le Guelaa to GG, 22 December 1905; Letter, Principal inhabitants of Guelaa to Préfet de Constantine, 22 December 1905; Petition, habitants le Guelaa to Albin Rozet, Député de la Haute-Marne, 13 January 1906; Petition, habitants le Guelaa to GG, 14 January 1906; Petition, Propriétaires au douar Ben Galâa to Sous-Préfet Bougie, 17 Jan 1906; Petition, habitants le Guelaa to Préfet de Constantine, no date.
39 Military medics were responsible for civilians in new European settlements until 1853, the date when the state created and funded a Service médical de colonisation. Military and civilian personnel were insufficient in number to meet the needs of European settlers, let alone those of Muslims in rural areas. See Claire Fredj, “Les Médecins de l’armée et les soins aux colons en Algérie (1848-1851),” Annales de Démographie Historique n° 113, no. 1 (2007), 127–54; Antonio Francisco Javier Martinez, “Une liaison et(h)olérique? Esquisses sur l’interprétation des relations (sanitaires) franco-marocaines au milieu du XIXe siècle,” in Pierre-Robert Baduel (ed), Chantiers et défis de la recherche sur le Maghreb contemporain (Paris: Karthala Éditions, 2009), 89–116; Bertrand Taithe, "Entre deux mondes: médecins indigènes et médecine indigène en Algérie, 1860-1905", in Élisabeth Belmas and Serenella Nonnis-Vigilante (eds), La santé des populations civiles et militaires: Nouvelles approches et nouvelles sources hospitalières, XVIe-XVIIIe siècles (Villeneuve d'Ascq: Presses Universitaires de Septentrion, 2010), 99–112.
Co-opting and Training “Native” Healers and Health Officers

At the time of the 1851 decree on medical practice, Gouverneur général Jacques Randon (1851-58) suggested forming a corps of “toubib indigènes” (“native” doctors) to perform basic tasks such as bandaging.\textsuperscript{40} Later, in 1866, Gouverneur général Patrice MacMahon (1864-70) raised the possibility of training healers in new methods at the Algiers École de Médecine. Whereas Randon strove to develop the skills of untrained hospital workers, MacMahon’s scheme proposed to co-opt a competitor class of doctors and to ground their practice in “the benefits of French science.”\textsuperscript{41} Another successor, Gouverneur général Antoine Chanzy (1873-79), abandoned the idea of incorporating atibbāʾ into colonial objectives, instead opting to sponsor a dozen or more Algerian graduates of the lycée system between 1877 and 1879 to study for the officiat de Santé (health officer qualification) at the Algiers École de Médecine.

William Gallois and Bertrand Taithe concur that this scholarship scheme to train Muslim health officers was an abject failure, with both historians emphasising the awkwardness of these figures’ position in colonial society. Gallois goes so far as to declare their careers a testament to “the ethical failure of the colonial state and its medical mission.”\textsuperscript{42} Personnel records indicate that these health officers were given challenging postings, and that a number died there; but such was no different from their European counterparts. They had to cope with opposition from settlers and their military colleagues alike; but were not always without support from

\textsuperscript{40} FR ANOM ALG GGA 14H/1, “Organisation d’un service d’assistance médicale gratuite chez les indigènes. Procès-verbaux des séances de la Commission”, 11 June 1894.
\textsuperscript{41} Claire Fredj, “Le ‘médecin de colonisation’ dans sa circonscription.” Paper presented at the Middle East Studies Association annual meeting, 10 October 2013.
\textsuperscript{42} William Gallois, \textit{The administration of sickness: medicine and ethics in nineteenth-century Algeria} (Basingstoke: Palgrave Macmillan, 2008), 196. Taithe’s chapter compares the officier de Santé scheme with a parallel effort by Cardinal Lavigerie to train Algerian orphans in medicine to assist evangelical goals. See Bertrand Taithe, “Entre deux mondes: Médecins indigènes et médecine indigène en Algérie, 1860-1905.”
administrators. The “failure” of the scheme to train Muslims as *officiers de Santé*, from the French authorities’ point of view, lay not in the fact that these agents died prematurely or incited controversy, but rather that administrators themselves were unable to control and direct the course of their careers.

The evidence of the Arabic-language press and scientific journals, as well as research conducted by Algerian scholar Djilali Sari in the wilāya archive of Oran and Chambre de Commerce in Tlemcen, reveals that several *officiers de Santé* abandoned the corps in favour of seeking more favourable career prospects. Mohamed Nekkache, who belonged to the urban notability of Nedroma, relayed his qualification into a medical degree, becoming the first Algerian to pursue a medical degree in Paris—reputedly selling his mother’s family jewels to cover the expense. Nekkache worked as a *médecin de colonisation* in the département of Oran before turning to private practice in Tlemcen, and like other Muslim doctors, advocated the creation of a corps of *médecins indigènes des tribus*. The French wife of another *officier de Santé*, Abdelkader Ben Zahra, barely survived his posting in Touggourt, and so he quit government service. Ben Zahra went on pilgrimage to Mecca twice and established himself as a private physician in Birmouradraïs, a prosperous suburb of Algiers, in partnership with a European pharmacist. Mohamed Gradi continued to practise long after the abolition of the


44 The erstwhile *officier de Santé* was given two pages of publicity in the 31 January 1901 issue of *Farīḍat al-Hajj*, in which he was described as “the skilled, cultivated, brilliant physician al-sayyid al-hajj ben Zahra famous in the medical art”. The editor singled out ben Zahra on the front page for twice making the pilgrimage to Mecca, and for “his kindness, piety, chivalry, gentleness, and compassion to our Muslim brothers”. The advertising section of the paper also ran a half-page endorsement of a proprietary medicine developed and sold by ben Zahrah in his private
officiat in 1896. He advertised his services as a locum in the “Petite correspondance” section of
Le Bulletin médical de l’Algérie and also worked as an auxiliaire médical.45 Although Ben Zahra
was lost to the Service médical de colonisation, Nekkache’s and Gradi’s trajectories can be interpreted as evidence for the success of “the colonial state and its medical mission,” pace Gallois. Insofar as Gallois and Taithe relied exclusively on official colonial archives for their biographical reconstructions, the social mobility of these individuals has not previously received attention.

After the initiative of scholarships for Algerian officiers de Santé was abandoned, officials revisited the original idea of accrediting ṭibbāʾ at the École de Médecine as part of a much broader expansion of Republican education into Algeria. Republican politicians Jules Ferry, who gave his name to a law on universal primary schooling, and Paul Bert, who had worked as a teaching assistant to Claude Bernard at the Collège de France, obtained parliamentary approval for sous-officiers de santé (“sub-officers of health”) in Algeria. Compulsory public education and hygiene instruction were inextricably linked in Ferry’s and Bert’s vision of the Republic. These reformers anticipated that traditional healers, “Having followed courses at the School of Algiers, holding the necessary qualification, bearing an authorization from the Gouverneur général, can only assume an authority over the population that will be useful for public health, and from which French influence will soon benefit.”46 On 3
August 1880, Bert addressed a parliamentary commission on Lay Education in support of legislation to establish a one-year certification programme at the Algiers’ École de Médecine. The course would be open to Muslims over the age of twenty with a basic knowledge of French and calculus, and would comprise human anatomy, physiology, and internal and external pathology. The Republican Ministre de l’Instruction publique et des Beaux arts (Public Instruction and Fine Arts), Jules Ferry, authorised the award of certificates of aptitude on the basis of four semesters of study, two exams, and payment of sixty francs.47

In response, a commission under the leadership of government councillor and military commander Louis Rinn met to deliberate the content of a programme of study.48 Despite the commission members meeting on three occasions, one of the participants later recalled:

We could not agree on the question of native tribal doctors. The President, M. Rinn, suggested conferring the right to practice medicine on simple ‘toubibs,’ who would be required to undertake a six-month internship in a hospital. In contrast, the professors of medicine on the Commission called for serious preparation, over the course of four years, at the École de Médecine itself. I was of the same opinion. Back then, it was not a question of making simple auxiliaires médicaux, like today, but real doctors, called to practice much more independently in tribal areas.49

Four years of study was equal to the length of study required for the usual degree in medicine. Médecin de colonisation Paul Claverie even suggested a training programme of five to six

47 Ibid.
48 The commission comprised the Recteur of the Académie d’Alger Charles Jeanmaire; Breton, chief physician at the military Hôpital du Dey; and Drs Texier (Director), Bruch, Mertz, Battandier, and Vincent, faculty at the Algiers École de Médecine. Edmond-Vidal, “Les Auxiliaires médicaux indigènes,” Le Cri d’Alger (1 November 1908), 1 and 4.
49 CANA TDS 0531, Letter from Recteur to GG, Cabinet Personnel, 22 October 1904.
years. Even minor officials, such as the Sous-préfet of Bougie/Bejaïa, noted that it was unlikely that Muslims would agree to such a long course of study without the assurance of the diploma and salary of a doctor at the end of it.

Although a decree was adopted in 1881 to permit the Algiers École de Médecine to issue certifications, the project was never launched. Its failure reflects not only opposition to educational opportunities for Algeria’s autochthonous population, but also opposing views on medical education and of the commensurability between “native” and French medicine. Bert’s proposed curriculum bore the imprint of his mentor Claude Bernard’s belief that training in the auxiliary sciences, namely anatomy, physiology and pathology, would extend “the scientific spirit” among Algerian empirics, transforming them into harmless providers of expectant medicine. Military official Louis Rinn envisaged fast-tracking atibba ‘whose medical knowledge however primitive offers some guarantees,” through a shortened course. In contrast, the medical faculty was of the opinion that the scientific spirit could not be so easily acquired.

50 CANA TDS 0531, Paul Claverie, “De la nécessité d’une reorganisation du service médical de colonisation en Algérie,” 1904.
51 CANA TDS 0531, Letter Choissnet, Sous-Préfet de Bougie to Préfet de Constantine, 27 April 1904. Choisset objected to Claverie’s proposal both because of race prejudice, and because Claverie’s proposal called for a commitment of six years’ study for very little material gain for the “native” aide at the end of it. “Et en admettant même ce que je ne crois pas que l’on puisse recruter parmi nos populations arabes ou Kabyles d’une intellectualité et d’une mentalité si primitives encore un nombre suffisant de sujets aptes à acquérir et à mettre en pratique les connaissances techniques suffisants, peut-on espérer qu’ils se contenteront de la situation matérielle que prévoit pour eux le projet de M. Claverie, c-a-d un traitement variant de 900 à 1500 ? Et cela après 5 ou 6 ans d’études dont deux à l’École de Médecine d’Alger? Évidemment non – et d’autant moins que le diplôme dont ils seront pourvus sera essentiellement procésoire et révisionnel, qu’il ne leur confèrera le droit d’exercer que dans une circonscription déterminée, etc. etc.”
They offered to waive the *baccalauréat* required of all candidates for the degree, but insisted on a full programme of study.

The period 1882 to 1902 saw the Third Republic establish new forms of sanitary policing and state medicine, which altered the terms of the debate on *āṭibbāʾ* in Algeria.54 Following the passage of the *loi du 30 novembre 1892 sur la pratique de la médecine*, an Algerian decree of 7 August 1896 abolished the *officiat de santé* and called for the prosecution of all *āṭibbāʾ* other than those whose competency was recognised by the Algiers École de Médecine. Gouverneur général Jules Cambon (1891-97), however, instructed *préfets* and *sous-préfets* discreetly to ignore the law. “I have received requests from a number of *toubib* [sic] to be authorised to practice medicine on their coreligionists,” declared Cambon:

> Were this new legislation to be rigorously applied to them, it would lead fatally to the disappearance of all native practitioners; also the higher authority would have to worry itself with regulating by decree the practice of medicine among natives. But the issue is sensitive, and studies undertaken up until now to find a solution have come to nothing and are still ongoing. Also, I see no objection to local authorities tolerating, until further notice, those Algerian *toubibs* in practice for a

certain number of years who have never been the subject of complaints, and have managed to command the respect of the populations in question.\footnote{CANA DZ/AN/17E/2026. Cited in circular, Secrétaire générale déléguée Menard pour le Préfet d’Alger to subprefects, “Recueil des Actes Administratifs. No 113. 1er Bureau. Police des Professions Médicales – Indigènes musulmans,” 9 September 1897. “J’ai été saisi de demandes formées par un certain nombre de toubib en vue d’être autorisés à exercer la médecine à l’égard de leurs coreligionnaires, ainsi qu’ils l’ont toujours fait jusqu’à la publication du décret du 7 août 1896. Il est incontestable que l’article 1er # 2, de ce décret leur a retiré virtuellement le droit qu’ils tenaient de celui du 12 juillet 1851 de se passer des diplômes de docteur en médecine ou d’officier de santé lorsqu’ils se bornaient à exercer la médecine à l’égard des musulmans. Si cette nouvelle législation leur était rigoureusement appliquée, elle amènerait fatalement la disparition de tous les praticiens indigènes; aussi l’administration supérieure a dû se préoccuper de faire réglementer par un décret l’exercice de la médecine entre indigènes. Mais la question est délicate, les études entreprises jusqu’à présent pour amener une solution n’ont pu aboutir et se poursuivent encore. Aussi, je ne verrai aucun inconvénient à ce que les autorités locales se montrent jusqu’à nouvel ordre, tolérantes à l’égard des toubibs algériens qui exercent depuis un certain nombre d’années, qui n’ont jamais été l’objet de plaintes et qui, au surplus, ont eur s’imposer aux populations intéressées.” See also FR ANOM ALG GGA 14H/1, “Organisation d’un service d’assistance médicale gratuite chez les indigènes. Procès-verbaux des séances de la Commission”, 11 June 1894, comments made by Commandant Louis Rinn.} As with the 1851 decree, administrative officials acknowledged that they lacked sufficient and necessary resources to provide alternatives to \(\text{\textit{ḥibbā}}\) as well as the coercive capacity to regulate them. The significant change in the intervening decades since the decree’s adoption was \(\text{\textit{ḥibbā}}\)’s aspiration to recognition and protection by the state.

Two other French laws, the precepts of which that had to be examined and debated in the Algerian context, were the \textit{loi du 15 juillet 1893 sur l’assistance médicale gratuite} which pledged free health care to the indigent, and the \textit{loi du 15 février 1902 relative à la protection de la santé publique},\footnote{See Edmond Bruch, “Étude sur l’application à l’Algérie de la loi sur la protection de la Santé publique du 15 février 1902. Deuxième partie. Analyse succincte des principaux articles de la loi au point de vue de l’adaptation à l’Algérie,” \textit{Archives de Thérapeutique et d’Hygiène coloniales} (1908), 256-264, reference on 262. Journalists in Algiers complained, “Today in Algiers, in Algeria, we are no more advanced and no more lagging behind legally speaking than we were before the vote in parliament of the law of 1902 on hygiene.” It had taken some eighty months for “this famous regulation to ferry back and forth between Algiers and Paris”, and as of February 1910, “no one at the town hall had heard of this famous sanitary regulation.” “Aventures d’un Règlement Sanitaire,” \textit{al-Akhbar}, 20 March 1910.} which promised to empower local government to uphold the interests of public health over those of private individuals, particularly landlords.\footnote{The law included articles mandating universal smallpox vaccination and the creation of municipal hygiene offices (\textit{bureau municipaux d’hygiène}) in communes with populations larger than 20,000 people. “La loi de santé publique}
these, a commission was convoked in 1894 to “research the most effective means of practically organising medical assistance among the natives.” Louis Rinn presided over meetings, as he had in 1892, while commission members included Henri Soulié, the maritime health expert and clinical director at the Algiers École de Médecine Lucien Raynaud, botanist Louis Trabut, and two settler civil servants.

Rinn resurrected the earlier proposal to offer accreditation as a toubib medaoui (doctor-healer) after six months’ training in a French hospital. Once again, faculty at the Algiers École de de 1902,” *Les Tribunes de la Santé* 25 (April 2009), 129.

58 FR ANOM ALG GGA 14H/1 “Organisation d’un service d’assistance médicale gratuite chez les indigènes. Procès-verbaux des séances de la Commission.”

59 There were few physicians in Algeria as involved in these debates as Henri Pierre Marie Soulié (1857-1931). At the time, Soulié was only an assistant professor at the École de Médecine, but he was a rising figure on the Algerian scientific scene. A native of Aveyron in the Midi, Soulié began his career in Algeria in 1886 at the age of twenty-nine, and by the turn of the century his participation in the Société médical d’Alger and professional associations, his contributions to the editorial board of the *Bull. méd. Alg.*, as well as his role in founding the Institut Pasteur of Algiers in 1894, would place him at a nexus of professional and scientific activities in the colony. While carrying out missions for the Institut Pasteur, Soulié frequently witnessed the combined effects of disease, poor sanitation, malnutrition, and inadequate medical response on the Algerian population, such as during his investigations into an 1893 cholera outbreak originating from Biskra that caused over 15,000 traceable cases of disease and claimed the lives of 6,211 North Africans and 120 Europeans. His personal experiences drove him to press Gouverneur Général Jules Cambon for increased attention to native health: “Chargé à maintes reprises de missions, nous avons pu nous rendre compte sur place de la détresse de ces populations lorsqu’elles sont frappées par la maladie. Nous n’oublierons jamais le spectacle effroyable que présentaient ces malheureux, dans ces dernières années encore, lorsque la famine les avait épuisés et que leur constitution affaiblie était incapable de résister à l’indisposition la plus bénigne.” Soulié urged Cambon to adopt a “comprehensive plan” that would improve health and access to medical relief while decreasing spending, serving as a “powerful lever to bring the conquered race and the conquering race together.” Many aspects of Soulié’s plan cleaved closely to prototypes of the 1893 law on public assistance—the hygienist “utopia” that had been pushed aside by doctors’ unions and local politicians—while others related to problems specific to Algeria. Soulié recommended the construction of hospitals for the Algerian population; Cambon had already given his support to six native hospitals, but these were insufficient for a population of four million. The Algerian authorities should also fund a vaccine production centre, to avoid having to rely on expensive foreign sources of lymph. As another cost-saving measure, Soulié proposed the creation of a government-run central pharmacy in Algiers to supply the *Commune mixtes* with commonly used medicines. The study, and improvement, of the quality of water sources in “Arab country” should also be made a priority. Medical missions to rural communes should advise administrators on how to treat common diseases. He added that “the idea of using native toubibs is excellent,” and he imagined their being trained and employed in native hospitals. FR ANOM ALG GGA 14H/1, Letter Henri Soulié to GG Cambon, 15 April 1894.

60 Over the course of his long and active career, Lucien Raynaud (1866-1931) spent time at the Institut Pasteur, was awarded medals by the *Paris Académie de Médecine*, and held the posts of *Inspecteur Général du Santé* in Algeria and member of the Hygiene Committee for the League of Nations.
Médecine resisted the suggestion of instructing atibbāʿ. This time, however, the discussion had a markedly different tenor from earlier discussions. The principal concern was not whether “Moorish” and scientific medicine could be reconciled intellectually, but how such a reconciliation might be achieved in practice. Members of the 1894 commission who debated the subject lamented the complete lack of linguistic competency among European students as well as among médecins de colonisation. They noted that students and faculty in the wards of the Hôpital Mustapha Pacha in Algiers, the colony’s premier medical establishment, were obliged to rely on the effort and skills of impromptu interpreters. It was rare to find French-speakers in the douars,61 and accordingly médecins de colonisation had to fall back on spahis (Muslim soldiers) attached to the Bureau arabe.62

A small number of physicians and administrators made considerable efforts to use the Arabic language and to imitate Islamic discursive practice, in order to promote French ideas of medicine and hygiene. Frequently their efforts were inaccurate, either idiomatically or in terms of understanding Islam and its precepts.63 To give but one example, an 1897 bilingual pamphlet

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61 For example, Dr Meinard, “Variolisation et vaccination en territoire indigène,” Bull. méd. Alg. 17, no. 11 (15 June 1906), 352-368, quotation on 364. “[N]ous dirons que les listes nominatives exigées du vaccinateur en fin d’année, constituent une formalité fastidieuse. Il faut que le médecin prenne tour à tour la lancette et la plume pour inscrire les noms et prénoms des individus, parce qu’il ne peut emmener avec lui un secrétaire et qu’il ne lui est pas facile non plus de trouver au douar, un Indigène qui sache écrire le français ; souvent, ce sont des pourparlers assez longs sans obtenir des noms et prénoms précis, et tout cela nuit à la bonne marche des opérations. Quelquefois le médecin a recours au Khodja, qui écrit en arabe, et il lui faut ensuite traduire ou faire traduire les listes en français…”

62 FR ANOM ALG GGA 14H/1, “Rapports sur organisation assistance médicale,” Séance du 10 juillet 1894, “quelque spahis donnés comme interprêtes de circonstance à un médecin de bureau arabe.”

63 One such text, Charles Derclé’s Kitāb al-khayr al-muntashir fī ḥafẓ siḥba al-bashr [trans. Mirante and Belkassem El-Hafnaoui] (Algiers: Typographie Adolphe Jourdan, 1908) was framed as questions and answers like a work of iḥtāʿ. Derclé made selective use of Quranic quotations. For example, in a section on infant care, Derclé used the Quranic excerpt “if there are obstacles, another woman may breastfeed the infant” to legitimize the use of a wetnurse if the mother was “stricken with constitutional weakness and acute or chronic afflictions likely to be aggravated by breastfeeding” (p. 115). However, he removed the rightful context of the sanction, thereby
Premiers Soins à donner aux malades et conseils pratiques d’hygiène, written by the administrator of Oum el-Bouaghi/Umm al-Bouaqi and published at the expense of the Gouvernement général, was awkwardly rendered into Arabic as “Known group of the preservation of health and it is French.” It urged “Come to the French doctor, he will treat you extremely and freely.” One of the more serious translation blunders appeared in a discussion of the signs of rigor mortis. The reader was exhorted to check for signs of life before burying “the body in the cheese.” The translator mistakenly—or mischievously—glossed “cemetery” (al-jabbīna in standard Arabic, al-jabbāna in Algerian dialect) as “cheese” (al-jubn).64

Two language resources by native-speakers of Arabic were widely available: the Dialogues of military interpreter Tahar ben Neggad and the Manuel épistolaire of Belkassem ben Sedira.65 Lucien Raynaud believed that although these were “very well done,” they remained inaccessible to users not already familiar with written and spoken Arabic. Medicine and illness were but a small fraction of the material included in these works, while the scientific knowledge they reflected was outdated or obsolete. As regards Berber, no lexicon existed as yet.66 By 1904, an Arabic-French medical lexicon had been compiled and published by French military doctor

misrepresenting an injunction on arrangements necessary in a divorce when a woman was breastfeeding, as advice on what to do in a situation of physiological difficulty such as sickness, weakness, or insufficient milk.

64 Dubouloz, Premiers soins à donner aux malades et conseils pratiques d’hygiène /Jamā’a ma’ arāfa ḥafz al-ṣiḥḥa wa hiya farānsāwīyya (Constantine: Imprimerie Adolphe Braham, 1897) The text listed preliminary steps to undertake in case of injuries such as dislocations, fractures, wounds, poisoning, drowning, and apoplexy. Most problems were to be dealt with expectant medecine, namely observation alone, and recourse to clean water or coffee to relieve symptoms. Not only were the translations of the advice into Arabic potentially confusing, but the advice too was inconsistent: Dubouloz warned against using folk treatments such as the topical application of henna to wounds, but advocated the application of henna to bruises, dislocations, and sprains.

65 Ben Larbey, La médecine arabe en Algérie.

Charles Dercle, but its vocabulary focused on the medicine of atibbāʾ, rather than the situation of contemporary French medicine.⁶⁷

The inability of European physicians to conduct consultations and provide health advice in local languages was presented as a further argument in favour of somehow involving native-speakers of Arabic and Berber language in state medicine. In 1895-6, Gouverneur général Cambon sponsored several initiatives to explore the feasibility of assistance for natives. One such was medical missions headed by Dorothée Chellier in the Aurès, which resulted in publications that proposed grass-roots schemes to train birthing attendants (qablas) and to promote women’s health—a far cry from accrediting male atibbāʾ in the colony’s hospitals.⁶⁸ Such initiatives also included an ambitious attempt to reconcile state regulation with Islamic law.

“Frankish” Invention and Islamic Tradition

Muslim attitudes to French medicine and hygiene were more than simply a domestic concern. European theories of hygiene acquired increasing visibility in Algeria and throughout the Muslim world not only because of the extension of formal European rule, but also because of an inter-imperial preoccupation with the annual pilgrimage (ḥajj) to Mecca.⁶⁹ Members of the

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⁶⁹ From the inauguration of an International Sanitary Council conference in 1851, the ḥajj was a topic of inter-imperial concern. In 1865, between 15,000 and 30,000 pilgrims, out of 90,000, died from cholera; an estimated 4,000 of 9,000 Algerian and Tunisian pilgrims succumbed on their journey homeward in 1893. In some years, the
French *Parti colonial* (Colonial Lobby) were acutely sensitive to France’s public image among Muslims in Africa, as well as being decidedly concerned with managing how information about the quarantine of pilgrims along the journey was communicated. A spokesman for colonial expansion, the monarchist deputy and member of the *Comité d'Afrique française* Prince Auguste d’Arenberg, warned that the extension of French interests—namely, the conquest of French Sudan in 1880, the invasion and securing of Tunisia as a French protectorate in 1881, and French alliance-building with the Sultan of Morocco—was liable to excite religious solidarity against French authority unless steps were taken to promote harmony between French interests and Islam.  

The *Comité d’Afrique française* urged French officials in North Africa to sponsor and disseminate texts that reconciled French policies with Islamic law or local sensibilities, on subjects that included religious tolerance, respect for women, and concordance between the Gregorian and *hijri* calendars (including a conversion manual that optimistically ran until 1979). Another such text addressed medicine, hygiene, and quarantine.

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70 FR ANOM ALG GGA 10H/21, Letter 9 December 1897, Prince Auguste d’Arenberg to GG.

71 The *Comité Afrique de France* arranged for the publication of a number of booklets, including Sheikh Saidi Mohamed Ben Mustafà Ibn al-Khodja al-Jaza’iri, *Iqāmat al-barāhīn al-‘azām al-wāḥid alūf fī al-dīnā fī al-Islām* (on religious tolerance); M’hammed Bel Khodja, *Concordance des ères musulmane et chrétienne pour les quatorze premiers siècles de l’Hégire, commençant le 16 Juillet 622 et finissant le 20 November 1979*; and an anonymous booklet, *Respecte aux droits de la femme dans l’Islamisme*. We could also include in this category a fatwa on smallpox vaccination issued by the Grand Mufti in Tunis, cited in Dinguizli, “Variole en Tunisie.”
In 1896, Muhammad bin Mustafa ibn al-Khujah Kamal, Arabic language instructor (mudarris) at the Safir mosque in Algiers, published a treatise (risālah) under the title, Tanwīr al-adhān fī l-ḥathth ’alā al-taḥarrāẓ wa ḥafẓ al-abdān (“The Enlightening of Minds on the Urgency of Preserving and Conserving the Body”). Kamal’s motive for writing was to evaluate the medical practices and therapies of non-Muslims and, in particular, to establish the legitimacy of quarantine measures (found notably along the maritime hajj route) according to Islamic law. The treatise has not previously been the subject of historical analysis; moreover, as it is so rare to find a detailed Algerian Muslim perspective on medicine and health, I give it full treatment.

Kamal’s work began with enthusiastic prefaces from four prominent religious notables in Algiers, lending authority to his own opinions: the Maliki and Hanafi muftis of Algiers ibn Zakur and Bu Qandura, as well as the prayer leaders of the Sidi Ramadan and Sidi Abderrahman al-Tha’alibi mosques in the Casbah, by whom it was considered a “prodigiously useful” text. An introduction of twenty rhyming couplets praised God, His Prophet Muhammad, and “our most magnificent Governor Jules Cambon.” This was followed by four chapters addressing legal aspects of health and hygiene: “the rules of medical treatment” (fī ḥukm al-tadāwī); “the recollection of some of that which is lawful only for the doctor” (fī dhikr ba’ad mā yajūzu li-l-

72 It is interesting to note the existence of an earlier text with the same title by the medical doctor Bishara Zilzal, Tanwīr al-adhān published in Alexandria in 1879, referenced in Marwa Elshakry, Reading Darwin in Arabic, 1860-1950 (Chicago: University of Chicago Press, 2013), 34.
73 The Résident-Général of Tunisia makes the connection between the treatise and GG Cambon’s plans to create a system of “native” medical assistance explicit in a letter dated 16 November 1896. See FR ANOM ALG GGA 14H/1, “Rapport sur organisation assistance médicale.” Letter from Résident-Général René Millet to GG Jules Cambon, 16 November 1896.
74 For biographical information on these figures, see James McDougall, “The Secular State’s Islamic Empire: Muslim Spaces and Subjects of Jurisdiction in Paris and Algiers, 1905–1957.”
ṭabīb wa lā li-ghayriḥī); “the rules of drugs and remedies” (fī ḥukm al-agāqīr wa al-adwīya); and “the lawfulness of protection from epidemic disease” (fī jawāz al-taḥassan min al-wabā’).

The structure of the text of Tanwīr al-adhhān began with the familiar and progressed to those topics which were foreign and novel, constructing a sequential argument in favour of quarantine (al-karantīna). In seeking to “enlighten” the minds of his readers on this “Frankish invention” (ikhtirā’ ā al-afranj), Kamal appealed less to new or pioneering knowledge than to Muslim discursive tradition.75 He based his interpretation on carefully selected, trustworthy evidence, following the conventions of ijtihād: first, knowledge of Qur’ānic revelation; second, reports of the sayings of the Prophet (ḥadīth) from respectable collections such as Bukhārī, Muslim, Ibn Hanbal, Ibn Dāwud, and Ibn Māja; and third, the consensus (ijmāʿ) and reasoning (qiyās) of historical and contemporary scholars, especially Maliki and Ḥanafī scholars.76 Kamal grounded his arguments on an impressive range of legal texts, which included classics in the Maliki tradition as well as the latest fiqh manuscripts to be obtained from Damascus. Remarkably, he also employed sources outside the conventional methods of ijtihād. Amongst other materials, he incorporated Hebrew and Talmudic narratives, which given Algeria’s significant Jewish population, may have been readily available; modern literature such as the travelogue (riḥla) of Rifāʿāh al-Ṭāhtāwī to Paris Takhliṣ al-ibrīz fi talkhīs bāriz; and Ottoman defenses of the practice of quarantine.

Kamal’s first chapter expounded upon the legality of seeking medical treatment in the first place. Qur’anic revelation commended medical treatment to believers.\(^\text{77}\) God sent both illness and cure, according to a \textit{hadīth} transmitted by three independent people.\(^\text{78}\) The Prophet himself recommended certain remedies, such as honey and cupping.\(^\text{79}\) The passive acceptance of a treatable illness, however—al-Ghazali opined—rather suggested a lack of confidence in God.\(^\text{80}\) Kamal even cited Jewish narratives (\textit{dhakara ba ‘ad al-umā‘ī fi al- isrā‘īliyāt}) that condemned fatalism and indicated the acceptance of medical treatment as a sign of faith.\(^\text{81}\) Medicine was not only a personal affair, but also a community concern. The study of medicine constituted a duty of obligation (\textit{al-ṭibbu al-wujūba l-kifā ‘ī}) upon the Muslim community, and it was contrary to religious law to live in an area without a doctor (\textit{ḥurmat suknā al-bilād allatī lā ṣaḥīh bi-hā}).\(^\text{82}\)

Having established the importance of accepting medical treatment in principle, Kamal moved to a discussion of circumstances in which it was lawful to break with Islamic norms in the pursuit of healing. His second chapter dealt with prerogatives of the physician under Islamic law. The doctor was permitted to examine all parts of the male body that were usually covered. When treating a woman, it was permissible for him to view the part of the body affected by illness, while the rest remained covered. Kamal then cited, \textit{inter alia}, the Hanafi work \textit{al-Jawhara} by al-

\(^{77}\) From Surat al-Nahl (the Bee) verse 69: \{There emerges from their bellies [bees’] a drink, varying in colours, in which there is healing for people.\}\(^\text{77}\)

\(^{78}\) The first tradition, from Bukhārī, is narrated by Abū Huraira, “There is no malady that Allah has sent down, except that He has sent down its treatment” (\textit{mā anzala allahu dā‘ an illa anzala la-hu shifā‘ an}), Bukhārī (d. 256/870) 7: 71 #582. The second, from Muslim (d. 261/875), is narrated by Jābir, “There is a remedy for every malady, and when the remedy is applied to the disease it is cured with the permission of God the Exalted” (\textit{li-kull dā‘ in diwā‘un fa-idha uṣība diwa‘un al-dā‘a bara‘a bi-idhn allah ta‘āla}), Muslim 26: 5466.

\(^{79}\) Narrated by Ibn ‘Abbās, “Healing is in three things: a sip of honey, scarification of the cupping glass and cauterizing with fire. And I ban my people from cauterizing” (\textit{al-shifā‘ u fī thalāṭha shurbat ‘asl wa sharṭat miḥjam wa kayyat al-nār wa anhā ummati‘an al-kayy}), Bukhārī 7: 71 #584.

\(^{80}\) d. 505/1111.

\(^{81}\) Kamal, Tanwīr al-adhhān, 9.

\(^{82}\) \textit{Ibid.}, 10.
Haddad (d. 1387), which postulated that a male doctor was permitted to treat the rest of the body of a woman with the exception of the pudendum (sā’ir al-badn ghayr al-faraj). Indeed, it was permissible for him to examine and treat gynaecological complaints if a female was unavailable to perform the task and if the sick woman’s family “feared for her death or that she will suffer pain she cannot bear” (khāfū ‘alaiha al-halāk aw yuṣību-ha waja ‘la taḥtaamilu-hu).83

A second section of the chapter dealt with the question of non-Muslim physicians:

If a skilful Muslim physician—not a charlatan who brings disrepute to this important science with his ignorance—cannot be found, it is permitted to consult a non-Muslim physician. The Prophet PBUH consulted al-Ḥārith bin Kaladah, doctor of the Arabs, for a treatment. He prescribed him medicine and yet al-Ḥārith was an unbeliever.84

Following the Prophet’s example, Muslims could and should turn to qualified Jewish, Christian, even polytheist doctors in the absence of a competent Muslim.85 Maliki jurists not only stipulated that it was permissible to consult a non-Muslim doctor but also that, in case of necessity, the sick were even permitted to follow the advice of a non-Muslim doctor regarding the observance of legal requirements such as ablutions and fasting.

Chapter three of Kamal’s Tanwīr al-adḥhān turned from the relationship between the Muslim, medical treatment, and the physician to the composition of drugs and remedies—“the great support of healing” (al-rukn al-a’ẓam fi l-mu’ālaja)—and their purity and impurity. Kamal had recourse to centuries of jurisprudence and age-old debates within and among legal schools.

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83 Ibid., 11.
84 Ibid., 12. “Thumm idhā lam yūjīd ṭabīb muslim bārī’ lā dajjāl yudi’u hadha al-‘ilm al-jalīl ma’a jahlī-hi fa-
yujawwaz al-ṭaṯbīb bi-ghayr al-muslim li-anna al-nabī ṣālā allāh ṭalai-hi wa sallam istawṣāfa al-ḥārith bin kaladah ṭabīb al-‘arab dawā’ fa-waṣāfa la-hu wa l-ḥārith kāna kāfiran.”
85 Ibid., 12. However, in the absence of qualified Muslim physicians, the Muslim community was obligated to train one, see above. Kamal refers to the story of the North African jurist al-Māzarī (d. 1142) who devoted himself to the study of medicine after been the subject of a disrespectful remark made by his Jewish physician.
about the legality of consuming wild animals, wine, and suchlike, in order to address a
contemporary situation of vital importance: the exposure to new therapeutic products from
foreign markets and sellers with which Algerians were now confronted.

The Qur’ān stipulated that all animal, vegetable, and mineral substances were God-given,
but certain substances were nevertheless subject to particular prohibition. All four legal schools
were in agreement, for example, that the flesh of the pig was forbidden, but disagreed on other
categories of ingestibles. However, Quranic revelation permitted the eating of outlawed
substances in cases of extreme need or hunger. Views on the use of wine in specific cases of
urgent need were more conflicted. Within the Hanafi school there were two systems of thought
on the subject, the more lenient of which allowed wine to be swallowed to combat thirst or for
medicinal purposes. A fourteenth-century Hanafi legal treatise, al-Dhakhīra, explained that,
“Seeking a cure with the ḥarām (substance) is only not permitted if it is not known whether there
is healing in it, whereas if this is known and there is no other remedy, it is permitted.”

However, Maliki jurists forbad the use of fermented liquors, both internal and external, in the
treatment either of thirst or illness. Key Maliki texts such as the Mukhtaṣar of Khalīl (d. ca.
1365) and the commentary of al-Dardīr (d. 1786) agreed that wine might be used under coercion
or to clear a complete blockage of the throat, while the more strict Tunisian jurist Ibn Arafā (d.
1401) declared it unlawful to drink fermented liquors in all circumstances.

86 Notably, “a dead animal or blood spilled out or the flesh of swine.” Ibid., 15, reference to Sūrat al-anʿām 6:145. Unlike Maliki law, Hanafi rulings also prohibited consumption of all wild animals with fangs and birds with claws, and substances that were “most revolting to humans” (mā istakhhabatha-hu akthar al-nās) animals, insects, and harmful substances like soil, poisons, or anything that could damage the body or its organs.
87 Ibid., 15. “Anna al-istishfāʾ bi-l-ḥarām innama la yajūz idhā lam yuʾlim an fī-hi shifāʾ un amma idhāʾ alama wa laysa la-hu dawāʾ ghayri-hi yajūzu.”
88 Ibid., 15.
Kamal offered two legal arguments in favour of using alcohol medicinally, one based on logic and the other on a technicality. In the first instance, he cleaved to the position in al-Dhakhīra supporting the medicinal use of alcohol. “You may say that this is against what Bukhārī states in the hadīth of Ibn Masʿūd RAA about the Prophet PBUH that he said {Truly God has not placed your cure in that which is forbidden to you}.” Kamal suggested that if a forbidden substance were effective as a cure, its consumption for medical reasons could not be forbidden, because this would invalidate the claim affirmed in the al-Dhakhīra. In such an instance, an interdiction was lifted (idhā tuʿayyin fīhi al-shifāʾ yartafīʿ an-hu al-tahrīm). The second argument was simply an example of forum shopping between madhhabs (legal schools). Kamal suggested that Malikis should follow the more lenient Hanafi rite in this instance, since, “It is established among jurists, in consideration of the divergence between the schools, the permissibility of following the model of a differing code.” Kamal’s interpretation sought to relieve Muslims of their anxieties about ethical consumption, by freeing them to select remedies on the basis of their effectiveness rather than religious purity.

The final chapter of the treatise addressed appropriate response to contagious diseases. Interestingly, Kamal excluded discussion of the causes or meanings of illness; for example, that plague was a source of martyrdom, and that disease could be a divine warning, trial, or form of atonement. Instead, Kamal reminded his readers that the Quran itself urged self-preservation

90 Ibid., 17.
from harm. More specifically, a number of ḥadīth from the highly respected collections of al-Bukhārī and Muslim ibn al-Hajjāj offered sure advice on proper behaviour in the face of epidemics (al-wabāʾ) and plague (al-ṭāʿūn):

‘Abd al-Rahāman bin ‘Awf came... and said that I have some knowledge of this. For I heard the Messenger of God PBUH say ‘If you hear of it (al-wabāʾ) in a place then do not enter there, and if it breaks out in a place and you are there, then do not leave and run away from it’.

Usāma bin Zaid said, ‘I heard the Messenger of Allah PBUH say “The Plague (al-ṭāʿūn) is [God’s] punishment (rujz) sent to some of the tribes of Israel (tā’ifah min bānī isrāʾīl) and to some of those who came before you. So if you hear of it in a place, do not go there; and if it breaks out in a place and you are there, you should not leave it and run away from the plague.”

Kamal’s selection of evidence, emphasised the congruency between instructions on avoiding contagion from revelation and ḥadīth, on the one hand, and the system of sanitary lazarettos known as quarantine (al-maḥājar al-ṣiḥḥiyya al-maʿarūf bi-l-karantīna) on the other.

He relied on a number of contemporary scholars in both North Africa and the Ottoman world who had become reconciled to the European system of quarantine: Hamdan ben Othman Khodja in his 1838/1254 work Itḥāf al-muṣifīn wa al-udabāʾ fi al-iḥtīrās ‘an al-wabāʾ (“The Gift of the Righteous and Moral in Precaution against Contagion”); Rifāʿah al-Ṭahṣāwī in his travelogue about Paris; and Muhammad Bīram al-Thānī, Shaykh al-Islam, who had written a treatise praising the efficacy of quarantine against cholera (Ḥusn al-nabāʾ, “The Excellence of Tidings”).

Kamal’s argument culminated in a return to the subject of his first chapter on the lawfulness of

“Contagion”, 88-95.

93 Kamal cites Surah al-Baqarah verse 195 and a commentary by al-Qastallani (d. 923/1517) on al-Bukhārī.

94 Kamal, Tanwīr al-adḥān, 19.
medical treatment, in which he commendably refuted the idea that the Muslim should obediently submit to illness as a sign of God’s will.95

The branch of the French administration in Algeria responsible for Muslim justice and education financed a preliminary print-run of two hundred copies of Tanwîr al-adhhān in Arabic and 1,051 copies of a French translation.96 Many of these latter were distributed through diplomatic channels: thirty copies of each version were dispatched to the Quai d’Orsay and members of the Parti colonial, and ninety to diplomatic representatives in Cairo, Constantinople, Tangier, Tripoli, and Tunis. This pattern of distribution was consistent with the regional ambitions of the Parti colonial and the departure and passage points of French subjects on the hajj. Presumably, it enabled French diplomats to flaunt the cultural competence of France in dealing with its Muslim populations. Given the disparity between the actual numbers of texts printed in each language, it is abundantly obvious that Europeans were the primary target audience.

However, it transpired that this pamphlet was so “prized” by Muslim notables and civil servants in Algeria that the first print run of Arabic copies was quickly exhausted, necessitating a further printing of 1,500 copies to meet demand. A number of copies were deposited in libraries and official collections. Individual personal copies in Arabic were distributed to each qâ‘îd, khûja (secretary), muftî, imâm, qâdi, and bachadel (head juristic assistant), as well as pupils at the Médersas and Écoles normales in Algiers, Constantine, and Oran; while copies in French and

95 Kamal cited the hadîth: “It is told that the Prophet (pbuh) passed by a tall, leaning building and quickened his pace. It was said to him, Do you flee from the decree of Allah? The Prophet said, upon him prayer and peace, I flee from the decree of Allah the Most High by way of His decree.” Kamal, Tanwîr al-adhhān, 21.
96 FR ANOM ALG GGA 10H/21, Note, Chef de Service des Affaires indigènes et du personnel militaire, Reibell, to GG Jules Cambon, 30 June 1896.
Arabic were supplied to every administrateur, maire (mayor), doctor, hospital director, and public health official throughout the colony. This second printing was intended entirely for a domestic audience, to whom it served to legitimise new sanitary measures and medical actors in the eyes of Algerians, whether these were médecins de colonisation paid by the state, military medics, or missionaries.

The translator of “The Enlightening of Minds on the Urgency of Preserving and Conserving the Body” into French was Joseph Chailley-Bert, long-time secretary-general of the Union coloniale française, a member of Eugène Étienne’s colonialist pressure group lobbying for the invasion of Morocco, and a declared indigènophile. He gave his translation the title of La Médecine et les quarantaines dans leurs rapports avec la loi musulmane (“Medicine and Quarantines in relation to Muslim Law”), reflecting therein the contents of the work rather than Kamal’s own choice of title. Chailley-Bert’s text constituted an indigenous intellectual viewpoint in clear and simple French prose. Explanatory footnotes and additional interpretative phrasing were incorporated in order to show French readers the scholarly apparatus of the mujtahid at work. For example, Chailley-Bert added verse citations from Kazimirski’s translation of the Qur’an, and details of the biographies of major jurists and their foremost works. Such details would appeal to orientalist scholars, while also providing doctors and

99 Joseph Chailley-Bert is mentioned nowhere in Tanwīr al-adhān or its translation, but the work of translation is attributed to him, see FR ANOM ALG GGA 14H/1, “Rapports sur organisation assistance médicale.” Letter from GG to Résident-Général of Tunisia, 10 May 1897.
administrators with valuable references to serve as ballast in argument or discussion. Moreover, they also demonstrated to readers how knowledgeable Chailley-Bert himself was with regard to Islamic law and customs.

In reading the French version in parallel with the original, it becomes apparent that Chailley-Bert’s choices of words and addenda were prejudiced, albeit subtly. Take, for example, the discussion of quarantine in its Arabic original as compared with the French version:

[Kamal] Consequently, quarantine is lawful, as instructed above. Even if it is an invention of the Franks, there is no evil in using their ideas, if circumstances make it necessary, because they excel in the art of prophylaxis of contagious disease and stop its spread and they recognize the basic foundations of medicine.

[Chailley-Bert] Consequently, quarantine is lawful from the religious point of view, as the above texts show. If Europeans invented it, this is not a reason for Muslims to proscribe it. There is nothing wrong in making use of the opinion of Europeans, when circumstances call for it, for the reason that they are the most versed in the knowledge of useful prophylactic or therapeutic measures for contagious diseases, and since they understand deeply the rules of the medical art.

Kamal insisted that quarantine (al-karantīna) was lawful even if it was the invention of the Franks (al-faranj), on the basis that it was excellent and effective. Chailley-Bert claims the superiority of all aspects of European medical science, both curative and preventive ("they are the most versed in the knowledge of useful prophylactic or therapeutic measures for contagious..."

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100 The fact that this dismantled the idea of a monolithic Muslim worldview and of Muslim “fatalism” by showing the diversity of legal positions and arguing for the active embrace of medicine was noticed by at least one observer. See G. Saint-Paul, Souvenirs d’Algérie et de Tunisie (Paris: Henri Charles-Lavauzelle, 1904, 120-128.
101 Kamal, Tanwīr al-adhān, 23.
102 Kamal, La médecine et les quarantaines dans leurs rapports avec la loi musulmane (Tanouir el Adhen) [trans. Chailley-Bert] (Algiers: Imprimerie de P. Fontana, 1896), 35. “Les quarantaines sont, par conséquent, licites, au point de vue religieux, comme le prouvent les textes qui précèdent. Si elles ont été inventées par les Européens, ce n’est pas une raison pour que les musulmans doivent les proscrire. Il n’y a pas de mal à s’aider de l’opinion des Européens, quand les circonstances le comportent, puisqu’ils sont les plus versés dans la connaissance des mesures prophylactiques ou thérapeutiques utiles dans les maladies contagieuses, et qu’ils possèdent à fond les règles de l’art médical.”
diseases”). A further difference lies in the rendering of “ḥaqqaq ʿid al-ṭibb” as “qu’ils possèdent à fond les règles de l’art médical”. Chailley-Bert’s translation endows Europeans alone with knowledge of the medical art, reinforcing conventional wisdom about European superiority in this domain. In contrast, Kamal’s original text accentuated the coincidence or intersection between Muslim and Frankish knowledge systems. Kamal declined to recognise the superiority of French therapeutics, but rather desired only to liberate his fellow Muslims from ethical concerns about their use.

I do not wish to suggest that Kamal’s text was representative of the view of medicine of the Muslim elite at the turn of the century, although there are grounds for supposing that it had a wide impact among this audience. Instead, I wish to emphasise the slender scope for independence of opinion that existed in a text that, after all, had been commissioned and sponsored by the Gouverneur général. This leeway is visible to us only if we compare the Arabic and French versions of the text, which draws our attention to subtle but important differences of perspective between Kamal and Chailley-Bert. It is important to recall the confusions (namely, “the cheesy burials”), and the creative translations that, taken together, clearly marred efforts to communicate between French authorities and Muslims. Chailley-Bert was willing to distort, however slightly, his translations in order to reassure readers of French that European medical science was superior. Algerian Muslim elites, interested in discussing new technologies and state forms of welfare organisation, saw “Frankish” innovations as complementary to, rather than substitutes for, their own intellectual and textual traditions.

**Imperial Influences, Republican Assistance, “Islamic” Taxes**

It transpired that Chailley-Bert’s opus was highly instrumental in the founding of the Assistance médicale indigène in Algeria. In the summer of 1896, Chailley-Bert relayed his
translation of Tanwīr al-adhān to Résident-Général René Millet of Tunisia, a country occupied by France in 1881 and given protectorate status. In November, Millet wrote to the Algerian Gouverneur général to express enthusiasm for the brochure and to request further information:

“Indeed, the question of medical assistance for natives seems to me an issue of the greatest interest and I would set great store in knowing the measures that you have taken in this respect, or those that you plan to take, if they are compiled in a report or in any other document you might send me.”

Secrétaire Général of Algeria Emile Martin was instructed to compile and send to Tunis “[F]acts and information on the question of native medical assistance envisaged from the point of view of special Muslim hospitals, medical missions in Arab country, and the creation of a corps of native doctors, from its origins to the present date.” The request caught Martin by surprise, insofar as the sheer volume of facts and information to assemble was considerable. From December 1897 onwards, all documentation on the welfare of Muslims was pooled between the Algerian and Tunisian authorities.

Ultimately, it was French authorities in Tunisia, not in Algeria, who in 1903 pioneered an Assistance médicale des indigènes and a corps of “native” medics for North Africa. The following year, these policies were replicated in Algeria: Gouverneur général Célestin-Charles Jonnart (1900-01 and 1903-11) promulgated two circulars urging the establishment of medical relief measures targeted specifically at Muslims. Such measures included the organisation of

103 FR ANOM ALG GGA 14H/1, “Rapports sur organisation assistance médicale.” Letter from Résident-Général Millet to GG Cambon, 16 November 1896. “Au sujet de la brochure intitulée ‘la Médecine et les Quarantaines dans leurs rapports avec la loi musulmane.’ “La question de l’assistance médicale des indigènes me paraît en effet une question des plus intéressantes et j’attacherais beaucoup de prix à connaître les mesures que vous avez prises à cet égard, ou celles que vous comptez prendre, si elles sont exposés dans un rapport ou dans tout autre document qui pourrait m’être communiqué.”

104 Martin underlined the last phrase and added the comment, “Rien que cela!” (“Is that all!”) in the margins, which we can reasonably take as sarcastic.
charity chests, compulsory smallpox vaccination, the distribution of anti-trachoma treatments, the development of hydrotherapy centres, and construction of infirmaries.\textsuperscript{105} The responsibility of directing the infirmaries would fall to \textit{médecins de colonisation} and \textit{auxiliaires médicaux indigènes}. At this point in time, the scope of practice for the latter had yet to be clearly defined.

The founder of \textit{auxiliaires médicaux} at the Hôpital Sadiki in Tunis, Dr Brunswic-Le Bihan, claimed to have been inspired by nineteenth-century Dutch and British precedents.\textsuperscript{106} From this chapter’s reconstruction of five decades of discussions amongst officials in Algiers about training \textit{āṭibbāʾ}, which were documented, and subsequently parceled off to French protectorate authorities in Tunisia, we can appreciate that the pedigree attributed by Brunswic-Le Bihan was less than complete. Ironically, numerable politicians both in France and Algeria remained ignorant of discussions in Algeria that contributed to the establishment of the Tunisian \textit{auxiliaire médical}. Rather than emerging as the innovator in the field of \textit{assistance des Indigènes}, Algiers gave the impression of being Tunis’ imitator.\textsuperscript{107} The circuitous route via Tunisia by which proposals to involve Muslims in state medicine secured sufficient traction in the Algerian colony as to be transformed into actual plans to train \textit{auxiliaires médicaux} is indicative of how contingent this process was.


\textsuperscript{107} The newspaper \textit{al-Akhbar} singled out Doctor Féron, deputy for the Seine, for speaking in favour of the Tunisian auxiliary programme in the \textit{Chambre des Deputés}; “Auxiliaires indigènes,” \textit{al-Akhbar}, February 2, 1904. Later that year, Deputy for Oran and colonial lobbyist Eugène Étienne (writing under the pseudonym Eugène Bonhoure) used the inauguration of the \textit{Médersa} in Oran in 1904, as an opportunity to speak in favour of the value of medical assistance as “one of the most powerful means of action we have over Muslim populations.” Eugène Bonhoure, “En Tunisie. Les Auxiliaires médicaux indigènes,” \textit{Depêche Coloniale}, 27 October 1904.
The final obstacle to launching a programme of medical assistance was the question of how to finance it. In one of many journal articles on this topic, Henri Soulié emphasised that the cost of meeting the needs of Algerian Muslims would be considerable but not necessarily exorbitant, “provided we take the natives as they are, create small establishments suited to their habits, and do not try to do too much too soon, as if we were dealing with a region of France.”108

In appealing directly to settlers’ pockets, Soulié strove to secure support for improved medical services from an unlikely ally: the assembly of the Délégations financières algériennes, a consultative body founded in 1898 to devolve some autonomy to the colony. The assembly comprised three groups of spokespersons, whose debates were conducted in isolation from one another, representing the interests of rural settlers (délégation des colons, with twenty-four members), urban settlers (délégation des non-colons, twenty-four members), and the autochthonous population (only twenty-one members—fifteen in the Section Arabe and six in the Section Kabyle). A purely consultative body at its inception, in 1901 the Délégations were granted voting rights to determine the colonial budget, a right which became effective from 1902. The inbuilt distortions within the system of representation ensured that the agenda and interests of settlers always prevailed.109

Some of the early debates in the Délégations centred on the budgetary implications of the 1893 Loi sur l’assistance médicale gratuite. At first, Algerians did not even feature in these

108 Henri Soulié, “L’Assistance publique chez les Indigènes musulmans de l’Algérie,” Bull. méd. Alg. 10 (October 1903), 365-386, quotation on 386. “Il est incontestable que l’assistance effective de quatre millions de personnes ne peut être obtenue sans entraîner de grandes dépenses. Ces dépenses ne sont pas aussi élevées qu’on se l’imaginait tout d’abord. Mais à la condition toutefois de prendre les indigènes tels qu’ils sont, de créer des petits établissements adaptés à leurs habitudes, et de ne pas tout de suite vouloir faire grand, comme s’il s’agissait d’une région française, ou d’une agglomération d’européens.”

conversations. When the law was first debated, settler delegates were most worried about
penniless pregnant Spanish women appearing suddenly in Algeria to give birth, “constitut[ing]
an intolerable burden for most of our communes.”

A good number of these delegates, however, were physicians and champions of liberal medicine. Their opposition to collective
medicine and public health bureaucracy would not have seemed out of place in metropolitan
France.

If Islam was perceived as an obstacle to be overcome by French administrative officials
in the empire, as we see in the commissioning of Tanwīr al-adhḥān, it also afforded them an
opportunity to economise. Jonnart recommended only modest and inexpensive infirmaries: “Not
actual hospitals equipped with all modern developments, the costs of construction of which
would exceed our resources.” Since religious beliefs overlapped with poverty for the majority
of Algeria’s rural Muslim population, the authorities could declare their intent to respect Islamic
habits by making available sober fittings, mats on the floor rather than beds, and basic foods such
as couscous and bread—and naturally, serving no wine with meals. The reduced costs of training
and paying auxiliaries médicaux indigènes rather than fully qualified doctors also proffered
immediate savings. Finally, the language of cultural sensitivity unlocked the door to the creation
of new “Islamic” revenues.

110 GGA, Délégations financières, session de Mai 1902 (Algiers: Victor Heintz, 1902), 94. The social outlook of the
colon and non-colon delegates, who held forty-eight out of sixty-nine seats, has been described by Jacques
Bouveresse as a “feigned commitment to progress” infused with an attitude of “beggar-thy-neighbour, cold realism
or, at best, paternalism.” Jacques Bouveresse, Un parlement colonial?, 518.
Algeria, like France, Britain, Germany and other states in this period, operated according to what social policy practitioner and scholar Sheila Kamerman labelled the “mixed economy of welfare.”\(^{113}\) In France, this assumed the form of funds from mutual-aid offices and societies, levies on entertainment, legacies, and donations. In Algeria, the *impôts arabes* (Arab taxes) already subsidised *assistance publique* and hospitals for Europeans, and covered the *entire* cost of the maritime sanitary service.\(^{114}\) In 1901, the Muslim population contributed one-quarter of the total running expenses of the *Assistance publique* (a total of 2,725,550F), when, insidiously, the hospital infrastructure and home visits it supported were almost entirely inaccessible to them.\(^{115}\) In 1903, *Gouverneur général* Paul Révoil (1901-03) levied an additional poll tax of three centimes on all Algerian taxpayers so as to fund medical assistance among Algerian Muslims. These centimes were intended specifically to be reserved for “*oeuvres intéressant les indigènes.*” However, since this expression was afforded no explanation or definition in the Algerian budget, it seems to have been interpreted in markedly flexible ways, including the


repair of water sources or even road construction. Between 1904 and 1908, the poll tax was indeed used to finance the establishment and operation of a number of infirmeries indigènes, which numbered thirty at the close of that period.

From 1904 onwards, an entirely new fiscal instrument called the Fêtes eurs generated the greater part of communal contributions to the Assistance médicale des Indigènes. Since Fêtes in French means feast or party, and ‘urs in Arabic refers to a wedding feast, the literal meaning of this tax was the “Feast Wedding Feast.” Reflecting on the Fêtes eurs in 1927, Directeur des Affaires Indigènes Jean Mirante insisted that:

[I]n no way have those subject [to it] challenged the abovementioned tax which, far from having an illegal nature, finds on the contrary its origins in Muslim customs. Historically, indigents have received succour in cash or in kind from the collection plate at feasts organised in the douars. But the use of these resources not being carried out with any oversight, the administration viewed it necessary to regulate their collection and distribution.

Mirante framed the Fêtes eurs as a manner of charitable giving much like the droit des pauvres that was levied on public spectacles and dances. These informal exchanges had been extremely vexing to French authorities because they evaded government control and effectively constituted a parallel, local patronage system in competition with the state. In the opinion of the Directeur, the new tax was simply a means of formalising religious benevolence, regularising its collection

\[116\] Ibid.
within the communal tax system, and making it visible to state agents and thereby available for utilisation in a modern system of state public assistance.

The “Feast Wedding Feast” circular of 6 January 1904 stipulated that a charge of 5F was to be collected at every feast or gathering, rising to 10F for celebrations with music and/or the discharge of firearms. 118 The directive further specified that a Bureau de bienfaisance musulman (Muslim charity office), or failing that a Bureau de bienfaisance européen (European charity office), should distribute the proceeds thereof for the benefit of “indigènes”. “If no establishment of this nature exists in the commune,” as was invariably the case, “the proceeds of the abovementioned tax will be passed in their entirety to aid for poor natives, to the functioning of native infirmaries and the service of free medical consultations, to native or other works of charity concerning the native population in particular.” 119

Colonial officials like Mirante insisted that the Fêtes eurs was an Islamic tradition, unique to Muslims, rather than a European creation or imposition. However, analysis by colonial-era sociologists suggested that these forms of exchange were a good deal more complex and varied. There was the taoussa in Kabylia, a kind of reimbursement given to one’s host to help defray the expenses of a gathering; this was also known as gharāmah or aghram in Tlemcen. In Kabylia there was also the akmassi, or gift of coins tied to an infant’s clothes at a

118 The celebratory firing of weapons remains a popular custom at weddings in rural Algeria today.
circumcision; and the *timezriout*, a wedding gift. Variation in customs from region to region was considerable, as well as within regions, towns, and individual tribes in how such forms of gift exchange were conducted. A comprehensive study by one of Marcel Mauss’ students, René Maunier, described the *taoussa*—which became known as the *Fêtes eurs*—not as a system of wealth redistribution, but as a system of cooperation or mutualism, which allowed members of a community to share among themselves the costs of important rites of passage such as births, weddings and funerals. The same kind of logic underlay mutual aid societies in Europe. Maunier considered the *taoussa* to be based on local custom, although it was customary only to a specific region of Algeria.

By tracking the deployment of tax revenue from the central colonial budget and the local *Fêtes eurs*, we learn that in practice very little was spent on the *Assistance médicale des Indigènes* by French authorities. A sampling of communal records in the regional archives of Constantine suggests that the principal source of revenue spent on *assistance* for Algerian “Muslims” at the level of *Communes mixtes* was the *Fêtes eurs*. These disbursements were used for purposes specified by the 1904 circular as well as for others that were not: hospitalisation costs for Europeans as well as Muslims, hardship funds, free medical consultations, drugs, disinfectants, janitorial staff wages, the purchase of furniture and surgical equipment, and

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121 It is impossible to quantify these transfers or to measure the outcomes of this redistribution, since we simply do not have the paper trails to follow spending at the local, colonial, or metropolitan levels in serial fashion. Even in the colonial budget, which *is* available in serial form—perhaps especially in the colonial budget—budgetary categories are opaque. As Bouveresse notes, “Le budget ordinaire, constitué par les recettes et les dépenses permanents de la colonie, ne s’exécute jamais dans les conditions où il a été voté.” Jacques Bouveresse, *Un parlement colonial?*, 343.
doctors’ travel expenses. Serial documentation from the prefecture of Algiers from 1920 to 1927 reveals the routine emergency use (so-called) of Fêtes eurs to pay for free consultations and the annual running costs of infirmaries, whether in full or in part. These records also show that the Directeur des Affaires indigènes of the Gouvernement général was obliged to monitor communal budgets so as to ensure that municipal councils were not abusing the Fêtes eurs, for example, by using it to fund the transport of indigent Muslims away from their commune of residence to their commune of origin, thereby avoiding their own obligation and imparting the costs of medical care to another commune’s budget.

This new tax engendered controversy together with accusations of illegality; indeed, its collection continued even after the Fêtes eurs was declared unlawful by the Cour des comptes in 1921. While the droit du pauvres in France affected only lavish public entertainments, the payment of Fêtes eurs was mandatory for every wedding and other celebration. While guests presumably continued to bequeath the taoussa, the timeziout, akmassi and other variations thereof, and Arab taxpayers’ contributions continued to fund assistance publique for Europeans,

122 SAWC Communes Mixtes Akbou 56 and 60.
125 FR ANOM ALG GGA 14H/2, Letter Mirante to GG, 4 January 1927.
the financial burdens upon Algerians grew relentlessly. This state of affairs persisted until 1927 when infirmaries were altogether repurposed as hospitals for all religious confessional groups (see chapter five). 126

Conclusions

It is rather incongruous, if not utterly contradictory, that French authorities dismantled an Islamic structure that effectively supported community welfare—the *ḥabūs*—only to invent an “Islamic tradition” that could be taxed to fund a new model of state welfare. Yet the way in which the colonial state interposed itself into local systems of economic exchange through the *Fêtes eurs* is, in fact, consistent with the general trend described in this chapter of moving towards greater state regulation of medical practitioners, drugs, and disease management. By monitoring instruments of benevolence and wealth transfer such as the *ḥabūs* and *Fêtes eurs*, we are able better to perceive and understand how modern state-centric notions of *assistance* came to be overlaid onto local and/or community definitions of mutual aid and charity.

On the one hand, the initiation of the *Assistance médicale des Indigènes* emulated a global trend towards state-regulated welfare. We see this movement in the “politics of benevolence” 127 occurring not only in nineteenth-century Algeria, but also in contemporary Europe, United States, and Ottoman Egypt, to offer but a few examples, where responsibility for

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126 *Circulaire de 18 Mars 1927*, referenced in *Bulletin sanitaire de l’Algérie* 352 (March 1927), 59.
the “care of strangers” shifted from religious institutions and voluntary associations such as almshouses, towards hospitals and services administered by state and professional bodies.128

On the other hand, the context of Algeria was very different from the global norm. Algerian assistance was segregated along mutually reinforcing religious communal and geographical lines: assistance publique for European, Jewish, and urban Muslim populations; assistance médicale des Indigènes for rural Muslims. Islam and Muslim culture were depicted as “Other” in order to justify this dual system. While the colonial authorities marginalised Algerian Islam, they simultaneously endeavoured to participate in and mould it actively by appropriating its legal, symbolic, and discursive aspects. To finance welfare for Algeria’s Muslims, French authorities plundered a prevailing pious social welfare system and redirected its revenues, raised the level of impôts arabes, and fabricated an altogether new Islamic tax (so-called), the Fêtes eurs. When the time came to publicise the humanitarian achievements of France in Algeria for that colony’s centenary celebrations in 1930, administrative officials apparently suffered collective amnesia about these funding sources.129

129 In 1914, when the Assistance médicale indigène et auxiliaire médical had been running for a decade, the programme and its funding were criticised in the Délégations financières des non-Colons by delegate Gautier. In response to this attack, the Directeur des Affaires indigènes Dominique Luciani protested “against the assertion that the scheme has failed,” and insisted that medical assistants did “not cost a penny to the ordinary budget of Algeria” since they were funded by special taxes on the Muslim population to be used only for native welfare projects. Séance du 11 juin 1914, 785-91. When statistics or official publications were prepared, particularly decades later, the Islamic and native fiscal roots of French welfare were conveniently forgotten. See for example CANA GGA 1026 “Tableau recapitulatif des dépenses des services sanitaires,” Lucien Raynaud, Henri Soulié, and Paul Picard, Hygiène et pathologie nord-africaines: assistance médicale (Masson et Cie, 1932); Service d’Information du Cabinet du GGA, “La Santé et l’Assistance Publique en Algérie,” Documents Algériens. Serie: Sociale 2 (8 February 1946).
In those instances that French officials appropriated the language and forms of Islamic benevolence to serve their own political and fiscal objectives, they often did so with the cooperation of Muslim elites, many of whom saw state medicine and institutions as an effective way to improve social conditions. Decisions to use the \textit{Fêtes eurs} to fund medical consultations and infirmary construction were made at the level of the \textit{conseil municipal} and ratified by the \textit{Préfet} of the \textit{département}. Because this particular tax, unlike other colonial taxes, was both collected locally and used locally, people seem to have been more interested in how these funds were distributed. The minutes of such decisions very often reveal a Muslim majority on the council, with these members recommending uses of these funds. Municipal councils also appealed for an \textit{auxiliaire médical indigène}. Furthermore, in a continuation of the sentiments that motivated public \textit{ḥabūs}, wealthy Muslims supported the new \textit{assistance médicale des Indigènes} by donating mattresses and monies to infirmaries, and even meeting the expenses of the construction of infirmaries on their own land. “In [some] circumstances, the charity of an individual is not enough,” reflected a notable from Chéliff. “Only the State is strong enough to save people effectively.”\textsuperscript{130}

As we proceed to examine the first decade of medical auxiliary training in Algiers, it is important to note that, at the turn of the twentieth century, Algerian Muslim elites as well as colonial officials had come to be persuaded that the state should become involved in organising

\textsuperscript{130} FR ANOM CM de Chéliff (uncatalogued), Letter Agha Saïah to Administrator of \textit{Commune mixte} de Chéliff, 10 January 1927. References to Muslim philanthropists and \textit{infirmeries indigènes} appear in “Infirmeries indigènes,” \textit{Al-Akhbar}, 24 January 1904; “Pour les infirmeries indigènes,” \textit{Al-Akhbar}, 24 April 1904; “Discours d’inauguration. Infirmeries indigènes,” \textit{Al-Akhbar}, 22 May 1904; and specific to the women’s clinic in Algiers, Mme le Dr Jules [Françoise] Legey, \textit{Notes sur le fonctionnement de la Clinique indigène d’Alger} (Algiers: Imprimerie Crescendo, 1904). An example of the construction of a \textit{salle de consultations} on the farmland (azib) of Algerian landowner appears in SAWC, 61 AKBOU, relating to the infirmary built by Aly Ben Chérif.
assistance. Indeed, Algerians began to develop a sense of ownership and responsibility towards infirmaries and consultations: for that which was promoted as the gift of the French Republic was also the product of imperial strategy and Islamic benevolence.
Chapter Two

Étudiants or Élèves? Religion, Race, and Pedagogy at the Algiers École de Médecine

A European physician and a Muslim student meet at the bedside of a patient in the Hôpital Mustapha Pacha in Algiers, circa 1908. “Are you a doctor?” asks the first. “No, not yet,” replies the second, “I qualify as an auxiliaire in a few weeks.”¹ The auxiliary in question was a trainee “native” medical auxiliary. The physician who described this apocryphal exchange, Edmond Vidal, prophesied the end of hierarchy, as Muslim auxiliaires médicaux passed themselves off as doctors, and competed with Vidal and his colleagues for clientele.²

This chapter explores the inception in 1904 of a two-year academic programme to train Algerian medical auxiliaries at the Algiers École de Médecine and the controversy that surrounded its élèves (pupils).³ As we will see, even the language of “élèves” speaks volumes about both the medical and colonial situation of early twentieth-century Algeria. The architects of the programme envisaged that learners would undergo a limited course of study oriented towards the peculiarities of “native” and “Algerian pathology,”⁴ and then serve as docile assistants to médecins de colonisation. By reading between the lines of the formal curriculum of auxiliaries’ training, and collecting clues about the pedagogical approaches of instructors as well

³ As these learners did not hold the Baccalauréat qualification, they were officially termed “pupils” rather than “students” at the École de Médecine, a semantic distinction that was lost on many, as the chapter will show.
⁴ Michael Osborne argues that French medicine in this period remained segmented by region; see The Emergence of French Tropical Medicine (Chicago: University of Chicago Press, 2014). The term “pathologie algérienne” did not necessarily imply the influence of race on disease, but rather the effects of climate, geography, and culture.
as the extra-curricular activities of learners, I identify ways in which the official vision of the auxiliarat médical was compromised from the outset. The choice of recruitment mechanism, curricular content, and instructional staff had consequences unintended by the French authorities and the professoriat alike, producing a professionally ambitious as well as socially ambiguous group of intellectuals who derived their status from multiple sources of cultural authority.

The chapter’s first section addresses the examination and recruitment of students, and draws on prosopographical analysis of students’ social origins. This leads to a discussion in sections two and three of the programme of study proposed for auxiliaries and the efforts of teaching staff. Correspondence between members of the Governor General’s Cabinet, particularly the Directeur des Affaires indigènes (Director of “Native” Affairs) Dominique Luciani, and the directors of both the École de Médecine and Médersa of Algiers, Curtillet and Delphin, details their efforts to appropriate and rework elements of contemporary medical institutions as they pored over the curriculum and debated equipment lists. Articles in student bulletins and academic journals such as Le Bulletin de l’enseignement des indigènes de l’Académie d’Alger and Le Bulletin médical de la Société de médecine de l’Algérie, as well Arabic- and French-language newspapers and university theses, allow for a partial reconstruction of the medical auxiliary classroom and pedagogical materials in section four. The final sections incorporate analysis of student ephemera and articles in the bilingual daily newspaper L’Akhbar/al-Akhbār to give insight into European attitudes to the auxiliaires médicaux within the École de Médecine, and the kinds of cultural capital and aspirations held by learners.

There is an asymmetry in the archive between the volume of “official” accounts of auxiliary training and its curricular goals on the one hand, and the small amount of evidence regarding the actual activities of instructors and students on the other. Occasionally, however,
sources such as newspaper articles and advertisements, and brief remarks in committee minutes or university theses, cast faint silhouettes of an archive that has long since perished. These documents refer obliquely to conversations, teaching materials, lexical pamphlets, and student records, which had an ephemeral existence or were simply never placed in durable archives. It is in these shadows that we most often find the instructor and the aspiring auxiliaire médical hard at work.

**Examination and Recruitment**

In September 1904, the administration of the Académie d’Alger announced an upcoming entrance examination for “The admission of young natives to the study of medicine and pharmacy,” in preparation for a career as “auxiliaires médicaux indigènes tasked with practicing general medicine in the douars [villages], under the guidance and supervision of médecins de colonisation.” The wording of the announcement promised a medical education followed by practice in rural areas.

The new programme was open to Muslim men aged between nineteen and twenty-four who held the Certificat d’études primaires (C.E.P.), awarded after six years of study at an école indigène (“native” school). Unlike earlier schemes (discussed in chapter one) that had proposed

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5 The entry requirements and examination were modelled on October 1903 decrees by Mhamed Djellouli, Prime Minister of the Bey of Tunis; carbon copies of these documents are marked up in pencil, indicating that an official in the Algerian Direction des Affaires indigènes pored over the documents. However, the Algerian programme differed from the Tunisian texts in significant ways, not least of which was the fact that it allowed for only two years of study, rather than three, to keep auxiliaires médicaux indigènes strictly demarcated from doctors. Centre des Archives Nationales Birkhadem, Algeria (CANA) Territoires du Sud (henceforth TDS) 0531, “Avis,” undated.

6 In contrast, the Tunisian programme (see chapter one) drew on recruits as young as seventeen selected on the basis of “moral aptitude” (to be determined by a caïd), since there was no standardised form of educational certification that could be used as a measuring stick. CANA GGA 1045, “Arrêté du Premier Ministre, du 12 octobre 1903 (20 redjeb 1321), créant un corps d’auxiliaires médicaux,” and “Examen des Auxiliaires médicaux.”
to offer basic training to Algerian *atibbāʾ*, the programme was not aimed at healers in possession of an established skillset or clientele. Instead, the model recruit for the auxiliary corps was a graduate of a French primary school: a young, ideally malleable individual grounded in the basics of French orthography and history.

To establish their eligibility to take the examination, potential candidates had first to submit a dossier to the *Inspection académique* in their *département*. This included biographical information such as details of school attendance and father’s address and profession; a birth certificate; a copy or original of their C.E.P.; and a character reference signed by the Maire or *administrateur* (administrator) of their commune of residence. It was typical for the Prefecture to contact Maires, *administrateurs*, and police for information about the morality, conduct, and “aptitude” of individual candidates, as well as to consider family background and wealth.7 To be considered eligible for a scholarship to the programme, the candidate was expected to come from a modest family background. Yet the C.E.P. was an exceptional achievement that remained rare until 1945.8 Because the medical auxiliary *concours* (entrance examination) relied on the French school system as a selection mechanism and promised a career in medicine, it initially attracted recruits from notable families, or those comfortable enough financially to support the expense of clothing, feeding, and lodging a student.

The examination drew on material covered in the curriculum of *écoles indigènes*, particularly under the category of *connaissances usuelles* (General Knowledge). During study for

7 See for example, Centre des Archives d’Outre-Mer, Aix-en-Provence, France (FR ANOM), CM Haut Sétif P, Q1-2, for correspondence between officials at the Prefecture in Algiers and the Administrateur of Azazga concerning Cheikh Si Areski on the 4 and 7 June 1910.
the C.E.P., pupils were given no textbook instruction in physics, chemistry, or natural history, nor formally introduced to these subjects by means of experimental or physical apparatus—in contrast with the programme in schools for Europeans. Instead, five hours of instruction per week were spent in “concrete, experimental, tangible” observation of grains of wheat, an olive, a match, a nail, a clod of earth, a piece of coal, or other locally abundant materials. This allowed the school equipment budget to be kept to a minimum, and prepared students for working lives spent handling these materials.  

In addition to exposing students’ minds to the “scientific method” (or the fruits of their future labour, depending upon one’s viewpoint) via these object-based lessons, connaissances usuelles provided instruction in both home and personal hygiene as well as disease prevention. A 1905 lesson on fevers described details of symptoms, Laveran’s new doctrine of “microbial” transmission, and prophylaxis. A commonly used textbook encouraged students to blame ill health on individual behaviour, through the medium of


9 The disparity in budgets allocated to native and European schools was dramatic. For example, data provided by Charles-Robert Ageron records that in 1903, GG Charles Jonnart praised the Rector of the Académie d’Alger, Charles Jeanmaire, for opening a new native school on a budget of 1,650F, but proposed creating new classes for European schools at a cost of 12,500F per class. Charles-Robert Ageron, Les musulmans français d’Algérie, 1871-1919 (Paris: Éditions Bouchène, 2005 [1968]), vol. 2, 929-930.
10 Details drawn from Paul Bernard, “Les programmes de l’enseignement primaire des indigènes en Algérie,” Bulletin de la mission laïque française 2 (April 1909), 38-42, quotation from 39. Bernard and August Veller authored the principal textbook in use in primary schools, Le Livre de lecture courante de l’écolier indigène (nouveau cours) (Algiers: Colin, multiple editions). While these comments date from 1909, they correspond to descriptions of the native curriculum at the close of the nineteenth century. In response to organised protest from agricultural interests in 1897, theoretical aspects of the curriculum had been de-emphasised, and greater scope given to practical knowledge, such as hygiene instruction and familiarisation with “useful institutions” such as the post office, savings and credit unions, and agricultural provident society. Ageron, Les musulmans français d’Algérie, vol. 2, 924. Nonetheless, Charles Jeanmaire insisted that, “The pupil of a native school will learn how to handle our tools, cultivate his garden better than his fathers, make a good worker, be an excellent auxiliary to the colon, but before anything else it is necessary that he be intellectually and morally superior to his coreligionists who have not attended our schools. This is the principal goal and raison d’être of native primary education.” Charles Jeanmaire, “Situation de l’Enseignement primaire des Indigènes pendant l’année scolaire 1903-1904,” in Bulletin de l’Enseignement des Indigènes de l’Académie d’Alger (henceforth Bull. Enseignement Ind. Acad. Alger) 148 (August 1905), 115-117, quotation on page 117.
cautionary tales, such as that of “unwashed” Achour, “The child one avoids.” Yet teachers recognised indirectly that the expense of, and lack of access to, basic commodities such as soap or quinine undermined the giving of advice on regular washing and medical therapeutics.

Examination of aspiring auxiliaires médicaux took place in three separate stages. First, candidates sat a written test comprising an hour-long composition in French on the subject of “The most common diseases among indigènes,” their causes, and essential hygienic practices required in order to avoid them. The final question in the written paper required students to translate a short passage from “standard Arabic” into French. The highest scoring candidates were subsequently subjected to a second, oral examination of their reading comprehension skills and knowledge of hygiene. Finally, all admitted candidates were subjected to a strict medical examination to test for physical fitness. If tuberculosis or signs of a healed trachoma lesion were detected, the candidate was excluded. Rejection on medical grounds could be devastating for candidates.

14 This was followed by two arithmetic problems: one requiring long division and the calculation of a percentage, the second a comparison of fractions.
15 Two medical auxiliaries died from tuberculosis in 1921. Mohamed Yaker continued to practise right up until his death, while Idir Zarouri received treatment at a sanitorium in the Vosges for several months at the expense of the colony before he died. It is impossible to say if Yaker and Zarouri contracted tuberculosis on the job or before they entered the training programme. Service des archives du Wilaya d’Alger (SAWA) 3V61 and TDS 0101.
16 For instance, Ali Kessal was rejected because of trachoma scars from childhood. Kessal had abandoned teacher training college to take up a place at the École des adjoints techniques de la Santé. CANA DZ/AN/17E/1968, Letter Ali Kessal to Directeur de la Santé publique, 6 January 1942. “Ayant été refusé à la suite de la visite médicale, à l’école des ATSP, je me trouve désolé, n’ayant plus rien à faire pour mon avenir qui se présente bien sombre.”
The Arabic section of the written exam was graded out of twenty and counted for a coefficient of one, in contrast with the composition and arithmetic questions, which were weighted with coefficients of three and two respectively. Nevertheless, the translation passage would prove to have a disproportionately decisive effect on candidates’ admission. The Bulletin de l’Enseignement des Indigènes de l’Académie d’Alger printed the text of the first exam in toto, including the five-line Arabic passage for translation:

Once a Fox passed by a tree before daybreak. He saw on top [of its branches] a Rooster who was crowing the call to prayer. And so he said to him [the Rooster], “If you come down we will pray together.” [The Rooster] replied, “The Imam is sleeping behind the tree, wake him first.” The Fox looked and he saw a dog and ran away. The Rooster called after him, “Why don’t you come and we will pray together!” [The Fox] said, “I am unclean, so be patient until I establish [my ritual purity] and I return.”

The passage was a variation on the story of the Crow and the Fox from the fables of Jean de la Fontaine, in which a crow outwits a predatory fox. La Fontaine’s fables were a popular pedagogical tool for inculcating French language and values, not only in metropolitan France.


18 In the original fable, a fox invites a wily old rooster down from his perch to celebrate a truce between them with a fraternal embrace. The rooster greets the invitation enthusiastically, declaring that he can see two hounds approaching quickly to share the good news. With this, the fox scampers away to avoid the hounds, and the rooster cackles, “Tis doubly sweet deceiver to deceive.” See Jean de la Fontaine, Fables of La Fontaine, trans. Elizur Wright (Boston: Tappan and Dennet, 1843), Book II, Fable 15.

19 It was probably suggested to examiners by Mohamed Soualah, who published it the following year in Mohammed Soualah, Lectures littéraires et récréatives arabes. Contes, leçons de choses récits moraux, textes descriptifs suivis d’exercices de grammaire et de rédaction (Algiers: Typographie Adolphe Jourdan, 1905), 12. The book was intended to serve as an introduction to the richness and variety of Arabic literature and as a rigorous pedagogical tool for French speakers. This particular text was included so that students could make the comparison with the original la Fontaine tale, which they were presumed to know already. The origins of the passage were not referenced in the Bull. Enseignement Ind. Acad. Alger and I discovered the connection to Soualah’s text only by chance.

20 The Bull. Enseignement Ind. Acad. Alger attests to enthusiasm for employing la Fontaine’s tales as a basis for moral instruction. Paul Bernard remarked that, “A child will not understand the lesson [in the fable]... but will
In this text, the bird and his would-be predator were transposed into an Islamic register: the rooster was “crowing,” the same verb form for “singing the call to prayer,” and the fictitious hound became the “Imam.” While the Rooster was an unofficial national emblem of France, featuring on stamps and on the reverse of coins, the dog was considered an impure animal that rendered a Muslim unclean on contact. For Muslim readers, this twist in the tale not only dehumanised the prayer leader, but by directly equating him with an unclean animal, introduced a layer of moral confusion to the exam question.

Like the choice of the dog-Imam, the inclusion of classical Arabic in the examination was not a neutral decision. In theory, students at écoles indigènes received two and a half hours of literary Arabic per week. In practice, this instruction was only available in schools if the teacher had undergone formal Arabic-language training at the Cours normal. The Gouverneur général incentivised acquisition of local languages by French citizens in the civil service by offering an annual prime (bonus), and so European teachers with a brevet (certification) in Arabic or Kabyle received an additional 300F each year, but the number of qualified functionaries was tiny.

Thus, although the formal selection criterion for the auxiliary training school was the French recognise with delight the dog, the cat, the donkey, his playmates.” The ubiquity of la Fontaine’s tales in French educational settings is also suggested by an Arabic-French language primer, Louis Machuel, Méthode pour l’étude de l’Arabe parlé (idiome algérien) (Algiers: Adolphe Jourdan, 1880), which includes the fragment, “Connaissez-vous la fable du corbeau et du renard ? – Je la connais maintenant, car mon professeur me l’a racontée.” On the use of these fables in colonial instruction, see Jonathan G. Katz, Murder in Marrakesh: Emile Mauchamp and the French Colonial Adventure (Bloomington: Indiana University Press, 2006), 83.

21 Details of the Arabic language training followed by Europeans in the Section spécial of the École Normale in Algiers is given in “Organisation pédagogique et programmes. Préparation du personnel enseignant des écoles indigènes,” Bull. Enseignement Ind. Acad. Alger 137 (September 1904), 138-139, see also Ageron, Les musulmans français d’Algérie, vol. 2, 924. Such excerpts may have formed the basis of language instruction.

22 In 1904, the Section arabe of the “native” Délégation financière twice called for generalised Arabic language instruction for Algerian children in schools, and suggested the hiring of tolbas (Arabic ṭālib, pl. talaba), teachers from Qur’anic schools, to fill the gap. Jeanmaire rejected the idea on the basis that tolbas were unfamiliar with “modern methods of teaching living languages.” GGA, Délégation indigène (Section Arabe), 6e séance, Mercredi 16 mars 1904, 26-29, quotation on page 27.
C.E.P., the nature of the examination required that candidates had access to parallel educational opportunities in Arabic.

However, on consideration, it is not clear how the examination board could have acted differently. In neighbouring Tunisia, candidates for the auxiliarat médical examination at the Hôpital Sadiki in Tunis were quizzed on colloquial Arabic and asked to explain a simple text orally, competencies that would stand them in good stead in clinical settings throughout most of the protectorate. In contrast, Algeria was a polyglossic landscape. Kabylia and the Aurès mountains were recognised as “pure” Berberophone regions, while areas in and around Blida, Cherchell, Lalla Maghnia, Miliana, and the Ouarsenis Mountains were bilingual. Examination in a single dialect would have severely constrained the intake of recruits as well as the potential field of action of the auxiliaires médicaux, whereas multiple exams and learning tracks would have been complicated to administer.

The simplest solution was to assimilate auxiliaires médicaux to existing autochthonous administrative personnel. In a continuation of Ottoman practice, qa‘ids (chiefs of douars or tribes) and the heads of djemā‘a (councils of notables) conducted local-level administrative correspondence in Arabic, more or less formally or colloquially, depending on the individual. Their communications were subsequently translated into French by a khodja (secretary) at the

23 CANA GGA 1045, “Arrêté du Premier Ministre, du 12 octobre 1903 (20 redjeb 1321), créant un corps d’auxiliaires médicaux,” and “Examen des Auxiliaires médicaux.”
24 CANA CA1 V1 9, Edmond Doutté, E. F. Gautier, Carte de la distribution de Bérberophones en Algérie [map, colour, 59x75cm). 1:1,600,000 (Algiers: A. Jourdan, 1913).
25 FR ANOM ALG GGA 14H/1, “Note sur l’Organisation des Médersas,” date unknown. The Médersas in Algiers, Constantine and Tlemcen offered preparation for civil service positions in law and civil and religious administration. A diplôme d’études supérieures was required for employment as a bach adel, imam, qadi and mufti in the court system; the certificat d’études primaires for the positions of aoum, hezzab, muezzin and thaleb, khodja, and assistant positions to qadis, the adel and dellal.
level of the bordj (administrative headquarters). This procedure allowed for a high degree of uniformity across a territory riven with linguistic difference. Thus, the tale of “The Rooster and the Fox” also offered a means of identifying capable future administrative assistants—but offered no guarantee that they would be able to communicate with patients.

It is clear that the Arabic-language exam had repercussions for recruitment to the medical auxiliary corps. Forty-five eligible students presented themselves as candidates on October 20, 1904. Twenty-six took the test in Algiers, eleven in Oran, and eight in Constantine; yet the first cohort comprised five candidates born in the département of Oran, four in Algiers, and three in Constantine. Nine students in the first cohort were described as Arab whereas only three were Berbers from Kabylia. To take another example, in 1917, when levels of interest in the programme were diminished because of conscription, there were only twenty-three applicants to the programme, four born in Berberophone regions. Eight Arabic speakers, a Kabyle Berber, and a Chawi Berber were admitted. Oranese students continued to achieve the highest scores across the written paper, filling five out of nine scholarship places.

The success of applicants from Oran confounds assumptions about a straightforward connection between colonial educational politics and elite formation. Historians of Algeria emphasise that, during French occupation, school facilities for the autochthonous population

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26 The 1905 competition attracted forty-eight candidates, eighteen of whom were deemed admissible. In 1906, forty-five candidates applied; twenty were admissible and twelve were accepted.
27 The origins of the first cohort are listed in “Auxiliaires médicaux indigènes,” Bull. Enseignement Ind. Acad. Alger 139 (November 1904), 175. Ageron describes the educational experiments in Kabylia begun from 1873 in Ageron, Les musulmans français d’Algérie, vol. 1, 332-337.
28 CANA TDS 0101. Two successful candidates were born in Relizane, and three others came from Nedromah, Renault, and Tlemcen, all urban centres in the département of Oran.
were numerically insignificant and unevenly distributed, showing a greater density in Kabylia, where Catholic missionary activity was most intense.\textsuperscript{30} For example, in the 1903-1904 school year, the number of enrolled Muslim pupils totalled 804 at infant schools, 27,274 at primary schools, 38 at the \textit{Cours normal}, 101 in \textit{lycées} and colleges, and 214 at the Médersas; a fraction of the youthful population. The \textit{département} of Algiers had the largest number of enrolled students and classes, 9,571 and 233 respectively, followed by Constantine (8,494; 206). Oran lagged behind in the number of both students and classrooms (2,739; 66).\textsuperscript{31}

From these figures, it becomes apparent that graduates from Constantine were poorly represented in the medical auxiliary \textit{concours}, or, put another way, that students from Oran were over-represented. This disparity suggests that applicants from predominantly Berber-speaking regions of Algeria may have been deterred by the Arabic-language component of the exam.\textsuperscript{32}

Practical instruction in Arabic and Berber was offered as part of the course only\textsuperscript{33} from 1938. Since a buoyant private sector for Arabic instruction existed in the western cities of Tlemcen and


\textsuperscript{32} Some faculty at the \textit{École de médecine} worried that the Arabic language component of the entrance examination would deter Kabyles from applying. See for example, CANA TDS 0531, Henri Soulié (Sécretaire du Conseil), “École de Médecine et de Pharmacie d’Alger. Assemblée du 22 Nov 1904. Extrait du procès-verbal,” 22 November 1904, 4pp, 4. Despite this opposition, Arabic language remained an “eliminatory” component of the test, while knowledge of Berber was optional, see CANA DZ/AN/17E/1935. Following decrees issued 8 November 1935 and 3 December 1936, written classical Arabic was demoted to optional status on a par with spoken Berber; instead, failing a spoken “North African dialect” test was grounds for elimination, see arrêté du 8 novembre 1935. Details from CANA GGA DSP 220.

Nédroma among elite and middling families, this may partially account for the successes of candidates from these regions. General Hubert Lyautey, future Resident General of Morocco under French occupation, would describe Nédroma as a *pépinière de fonctionnaires* ("breeding-ground for civil servants"), precisely because the quantity and quality of Arabic instruction poised its young men to seize positions in the magistrature, and translation and interpreter services in Algeria and Morocco.\(^{34}\)

Thus even though the Berber-speaking region of Kabylia was more densely populated with schools, and had longer exposure to French-language education due to missionary activity in the region, in the early years of the medical auxiliary programme, these candidates were not being accepted in large numbers for training. More significantly, they were not even applying. For Berberophone candidates to be successful in gaining admission to the programme, they had to outperform other candidates and score more highly across the board. Even though a French education was the explicit criterion for recruitment as an *auxiliaire médical*, the examination favoured the selection of candidates who also had access to other cultural resources: sons of wealthier families who could afford to give their son a dual education in both French and Arabic, and those from families with a tradition of literacy and government service. As we will see in the next chapter, the aspirations and linguistic identity of this social group were in tension with the tasks that faced them in rural clinics.

Curriculum and Classrooms

A Commission of five members—Director Curtillet of the Algiers École de médecine, Director Delphin of the École Arabe supérieure of Algiers, known as the Médersa, and three specialists in “Algerian pathology,” namely Chair of Surgery Julien Brault, Chair of Microbiology Henri Soulié, and the Pasteurian Louis Moreau—met during the 1904 summer intersession to forge the particulars of the medical auxiliary job description and curriculum.

Training was to comprise two years, half the length of study required for a degree in medicine. One source of inspiration for the curriculum was full-time professional nursing programmes on the English model, newly in vogue in France. Administrative officials in the Direction des Affaires indigènes consulted the curriculum and rulebook for the Bordeaux municipal École des infirmières at the Hôpital Tondu—the first lay, professional nursing school of its kind in France, opened in 1903—as early as December 1903, when the idea of the auxiliarat médical was still on the drawing board.35 The Bordeaux programme may have been a template for what was feasible to teach inexperienced youths in two years. However, Commissioners thought of medical auxiliaries as of slightly higher status than nurses, and were concerned to offer training adapted to Algerian needs. A comparison of the 1904 curriculum at each institution provides insights into the peculiarities of medicine and society in Algeria, as well as the particular foci of auxiliaries’ intended future work.36

The Algiers and Bordeaux curricula contained much overlapping material (anatomy, physiology, and pharmacy), in which the principal differences are those of language and

35 CANA TDS 0531, Letter 12 December 1903, Préfet de la Gironde to GGA, DAI.
36 All references are to CANA TDS 0531, Hospices civils de Bordeaux. École d’infirmières. Règlements (Bordeaux: Imprimerie Administrative Ragot, 1904) and Programme (1904).
organisation. For instance, the Bordeaux document spoke of organic systems and handled medical and surgical complaints and their treatments separately, whereas the Algiers document separated gross anatomy from physiological processes, and grouped diseases and their treatment into internal and external pathology. Some aspects of instruction in Bordeaux were entirely omitted from the auxiliary curriculum: for instance, the Algerians did not receive training in fundamentals such as personal care, bed-making, laundry, cleaning, or food preparation. It may have been assumed that these duties were irrelevant to the arrangements in most infirmaries. Accounts by military medics and médecins de colonisation stress that mats on the floor, rather than mattresses with sheets, were the norm in infirmeries indigènes (native infirmaries); often a patient would sleep with family members in a gourbi (mud or reed hut) within the infirmary grounds; and family members supplied food and linens for their sick. This created the expectation among students that these menial tasks would devolve onto lower-ranking staff or servants.

The most marked differences between the two texts appear in the treatment of hygiene and medical complaints and the relative emphasis given to different sorts of pathology. To offer one example, hygiene in the Bordeaux curriculum was taught in relation to specific organ systems. The focus was on careful maintenance of the individual body. In contrast, the Algiers programme addressed hygiene in a wider social and neo-Hippocratic sense:

École des Infirmières—Bordeaux:


École des Auxiliaires médicaux—Algiers:

Hygiene in general, its definition, its goal—Climates, the Algerian climate, acclimatisation—Climate-specific diseases—Tuberculosis and contagious diseases—Malaria—Diet (food and drink, alcoholism)—Housing, bodily hygiene (clothes, cleanliness)—Occupational hygiene—Sport and exercise—Age-specific hygiene (new-born, infant, adolescent, adult, elderly)—Social hygiene—Legislative measures—Obligations of governments, départements, communes—Budgetary considerations specific to Algeria.

The Bordeaux curriculum bore witness to the receding threat of infectious disease in the Gironde, whereas Algeria remained in “an age of pestilence and famine” in which sanitation and personal safety were far from secure.38 Whereas the patients of the Bordeaux garde-malade might suffer organ failure, pain, tumours, or dislocations (problems not mentioned in the Algiers’ curriculum), in addition to contagious diseases, medical auxiliaries had to be prepared to face fevers, cholera, plague, nutritional deficiencies (scorbut), infant gastroenteritis, and firearm wounds.

Nearly one-quarter of the auxiliary syllabus was devoted to skin and venereal diseases. At the Algiers École de Médecine these afflictions were treated at the clinic of maladies des pays chauds (“diseases of warm climates”), renamed the department of pathologie exotique (“exotic pathology”) in 1909. Learners were taught that parasitic and skin diseases were much more common than internal complaints among the indigenous population. Subjects of instruction

included “animal” and “vegetable” parasites (ectoparasites and fungi), and “furoncles,” a category of diseases that included the Biskra boil (Clou de Biskra, cf. present day Leishmaniosis), infected tattoos, and “Elephantiasis des Grecs” (pre-Hansen theory of leprosy as a hereditary infection).

Whereas the attention given to the relationship between climate, race, and disease shows the influence of maritime medicine on Algerian medicine, the curricular content on animal and insect vectors no doubt reflected the intellectual input of Soulié and Moreau, the two Pasteurians on the curriculum committee. These priorities also attest to the intersection between disease categories and cultural categories in the intellectual environment of the École de médecine. The detailed attention given to syphilis and its stages in medical auxiliary training reflected the conventional wisdom among settler physicians that this disease was an almost universal affliction among Algerian Muslims and that its symptoms were a proxy for Islamic civilisational backwardness. As we shall see in chapter three, the emphasis on native diseases would have implications for medical auxiliaries’ effectiveness in the field, where they were called upon to triage and treat Europeans as well as Algerians. The reference to alcoholism might have

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39 For most of the nineteenth and twentieth centuries, French colonial medicine was largely in the hands of naval and military practitioners, as argued by Michael A. Osborne and Richard F. Fogarthy, “Views from the Periphery: Discourses of Race and Place in French Military Medicine,” History and Philosophy of the Life Sciences 25, no. 3 (2003), 363–89. Osborne gives a detailed exposition of the relationship between maritime medicine, race, and climate in The Emergence of Tropical Medicine in France.

40 Since the first cohort of students arrived in Algiers ready to begin classes by 19 November 1904, decisions had to be made quickly. The same pragmatism that dictated the choice of language exam guided the adoption of the curriculum, which was adopted in spite of objections from faculty on the understanding that, “If, in practice, it shows itself to be incomplete, too overloaded, or unbalanced, there will always be time to change it”. CANA TDS 0531, Paulin Trolard quoted in “École de pleine exercice de médecine et de pharmacie d’Alger. Assemblée du 4 Novembre 1904,” 6pp, quotation on page 6.

indicated the concern shared by French liberals and Muslim elites alike that settler colonialism was leading Algeria’s Muslims to drink; indeed, members of a Paris-based pro-empire educational association, the Comité de Patronage des Étudiants Étrangers, expressed concern that the city would corrupt three Moroccan students in the programme by exposing them to drink. Alternatively, it may have referred to high rates of alcohol consumption among Europeans. Finally, the curriculum rehearsed the self-serving narrative of “medical assistance in the time of Turkish domination” (see Introduction).

The Commission had decided that medical auxiliary training would take place within three existing institutions: the Médersa where personnel for Muslim law courts received training, the École de Médecine, and the Hôpital Mustapha Pacha. By relying on existing facilities and staff, they were able to save time and expense. The Commission initially proposed boarding students in the Médersa dormitory, where their living needs could be met under the watchful eyes of the director. Since the dormitory, the École de médecine, and the hospital grounds were several kilometres apart, learners would have spent their days rushing to and from classes.


44 This topic was given more extended treatment in the 1927 iteration of the curriculum. CANA TDS 0531, Letter Direction des affaires indigènes to Recteur de l’Académie d’Alger, undated.
Overcrowding meant that some pupils had to arrange their own accommodation, meals, and laundry on a shoestring budget; they shared “inadequate, noisy, poorly lit” rooms in the Casbah or Marine district.⁴⁵

The Commission proposed that élèves accompany professors and their medical students (properly étudiants) on clinical rounds at the Hôpital Mustapha Pacha each morning, seven days per week. First-year pupils would attend the surgical ward and the clinics for syphilis and ophthalmology.⁴⁶ From 5.00 to 7.00 pm, four afternoons per week, both cohorts would convene in a classroom at the Médersa or the École de Médecine for Questions & Answers (two hours, twice weekly), lessons (one hour, twice weekly) and lectures (one hour, twice weekly).⁴⁷ A fifth afternoon would be devoted to practical exercises such as posology, vaccination, and excursions; for instance, students were taken to El-Kettar in Bab el-Oued, the hospital annexe of the Pasteur Institute, where highly infectious patients were treated. The Chair of Anatomy, Paulin Trolard, gave permission for medical auxiliary learners and their instructor to use the anatomy amphitheatre once a week, after the departure of the medical students. Friday and Sunday

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⁴⁵ Alexandre Lasnet, La situation des auxiliaires médicaux (Algiers: Imprimerie Solal, undated), 13. Paul Mellon describes the rather more comfortable student lodgings in the Marine quarter, which were provided for Moroccan students, see “Comité de Patronage des Étudiants Étrangers. Séance du 30 Janvier 1907”, in Alfred Croiset (ed.), Revue Internationale de l'Enseignement 53 (1907), 216-229, see especially 226. Students could choose to buy a tram pass to hasten the journey between the hospital grounds and Pointe Pescade, en route to the Médersa at the northernmost edge of the Casbah (a 3.5 kilometre walk), but may have preferred to save their monthly stipend and travel by foot. The auxiliary for Nedroma, Amokrane ould Amer, complained to the Inspector General of Health Alexandre Lasnet in 1932 that the student stipend was insufficient to cover the cost of bed, board and clothing. CANA DZ/AN/17E/1094, Letter Amokrane ould Amer to M. l’Inspecteur Général Lasnet, 24 August 1932. “Le concours d’entrée donne droit à une bourse mensuelle de 325 Fr. Avec cette petite somme, le pauvre étudiant est obligé de subvenir à tous ses besoins, de nourriture, de logement, d’habillement, n’ayant pas d’autres ressources il souffre beaucoup matériellement.”


⁴⁷ During the first year, assistant professor Crespin gave lessons in hygiene, and Monsieur Dournon taught arithmetic, geometry and natural history. The initial second-year curriculum focussed on basic pathology. It was planned that a pharmacy student would teach the basics of pharmacy and posology, while Crespin would continue to teach hygiene.
afternoons were set aside for rest, allowing students and staff to attend religious services and to socialise.

The plan of study suggests a pedagogical method emphasising visual learning. Students were first to be exposed to the most “eye-catching” services at the hospital: treatment for syphilis, surgery, and ophthalmology. Although administrative officials were keen to reiterate that state hospitals were not segregated, it was not uncommon for Muslims at the Hôpital Mustapha Pacha, particularly patients on the dermatology ward with a very distressing appearance, to be hidden away “in an old barrack” rather than accommodated with Europeans.48

We can imagine that trainee auxiliaires médicaux passed much of their time in these outhouses, where patients also held considerable scientific interest for professors and medical students.49 The supposedly more complex and intellectually taxing fields of internal medicine and pædiatrics were reserved until the second year.

Visual theatre could only go so far towards aiding comprehension, and so the burden of instruction lay with an Arabic-speaking tutor. It was this répétiteur général who would lead review sessions of subjects covered in the mornings, such as basic anatomy, physiology, medical nomenclature, bandaging techniques, and the nomenclature and care of medical instruments. The Rector of the Académie d’Alger, Charles Jeanmaire, explained, “This tutor will have a fairly busy workload. But we thought we should entrust the task of supervising these pupils to one master, so that from the knowledge he will have of them, he will see the results and perceive the

48 FR ANOM ALG GGA 14H/1, “Rapports sur organisation assistance médicale,” Séance du 10 juillet 1894, “à la clinique dermatologique entr’autres on a placé dans une vieille baraque les arabes atteints des plaies les plus répugnantes ensemble. Cette mesure pourrait-être généralisée.” The barracks were a legacy of the military hospital that had stood on the site of Hôpital Mustapha.
49 Ibid.
difficulties. It is he, in short, who will be responsible for the success of the institution.”

Instructors and Pedagogy

The man to whom this responsibility was entrusted was Belkacem ould Hamida ben al-Touhāmī (20 September 1879-2 June 1937) who styled himself Bentami in French (Figure 2.1). Bentami, the son of a notable from Mostaganem, was the only Algerian Muslim to pursue medical training in Algiers during the period from 1879 to 1909. Historians of Algerian nationalism know him as a key figure in the Jeune Algérien movement, which would be discredited by later generations of nationalists for its failure to achieve broad-based political rights for Algeria’s Muslims. Bentami’s political engagements have never been placed in the context of his professional background in medicine and education, and we know relatively little about the lifeworlds of “Young Algerians,” let alone their leader, which is why I give detailed analysis of Bentami’s role in the programme here.

Bentami was an internist in the ophthalmological annexe of the surgical clinic at Mustapha Pacha, only a few months away from defending his medical thesis, when he assumed the post of general instructor to medical auxiliary pupils in 1904. He had chosen ophthalmology

50 CANA TDS 0531, Letter from Rector of Academie d’Alger to GGA, 21 November 1904, “Ce répétiteur général aura un service assez chargé. Mais nous avons pensé qu’il fallait confier à un seul maître le soin de diriger ces élèves, d’après la connaissance qu’il en aura, les résultats qu’il constatera, les difficultés qu’il rencontrera. C’est lui, en somme, qui aura la responsabilité de la réussite de l’institution, et il est certain qu’il fera tout ce qui dépendra de lui pour en assurer le succès.”
51 Bentami is the Gallicised name used by al-Touhāmī and his wife; the transliteration “Benthami” also appears in the secondary literature. For Bentami’s vital records see the Archives Nationales, Paris, France (AN), LH/182/43, available at http://www.culture.gouv.fr/documentation/leonore/NOMS/nom_00.htm consulted 10 June 2014.
52 In total, 178 Algerians acquired higher degrees at the Écoles supérieures d’Alger during this thirty-year period. Guy Pervillé, Les Étudiants algériens de l’université française (1880-1962), 28.
as a specialty even though the annexe was underfunded, and as first in his class he could have chosen a more lucrative and prestigious field.\(^{54}\) In 1905, in front of the Montpellier medical faculty, he defended a dissertation exploring a plastic surgery technique for treating trichiasis of the upper eyelid by transplanting pedunculated flaps of skin.\(^{55}\) This technique was of pressing relevance to the North African population of Algeria given the prevalence of trachoma and blindness or poor sightedness due to secondary infections, afflictions known colloquially as *remed*. His thesis defense was celebrated in an advertorial in the bilingual daily newspaper *Al-Akhbār*, which announced that the new doctor was “prepared to cure diseases especially practised in the hospitals of Algiers and there is no doubt that he is expert in the secrets [of disease] in all its forms. He carries out operations with complete ease and speed such that the patient feels no pain during operations.”\(^{56}\)

Another article captures something of the importance Bentami held as a public intellectual. In response to the inauguration of the *auxiliarat médical*, an anonymous doctor from Constantine had written to *La Presse médicale* maligning the intellectual capacities of trainees in the programme—“savages who have been stuffed with French terms… who speak our language

\(^{54}\) From 1897, an eye clinic had been annexed to the responsibilities of the Chair of Surgery, but there was no independent funding for ophthalmology, and the clinic of twenty beds closed over the winter break and for several months during the summer vacation, during which sufferers were “left to go blind,” due to the inability to receive hospital treatment quickly enough. E. Denis, *Rapport de la Commission Chirurgicale de l’Hôpital de Mustapha sur la nécessité urgente de créer un service hospitalier d’ophtalmologie avec dispensaire gratuit à l’hôpital civil de Mustapha* (Algiers: Giralt-Photograveur, 1901).

\(^{55}\) Until 1909, the *École de Médecine* in Algiers was not a degree-granting institution, and so Bentami, like other students, was required to travel to Montpellier or another metropolitan institution in order to defend a thesis and graduate.

like parrots.”⁵⁷ If French medical students, “from a race that has engaged in brainwork for
generations,” required four years to master the basics of medical diagnosis and pharmacy, he
believed “indigènes” were no different. In a French-language article of 26 February 1905, the
journalist Mohamed Essemiani corrected a number of factual inaccuracies in the original letter,
and defended the educability of his co-religionists and their intellectual inheritance. Leaning on
Ernest Renan, Essemiani reached back to the “immortal host of savants, writers, and litterateurs”
of classical Islamic civilisation who had ensured continuity of scientific learning at a time when
European minds slumbered. Essemiani’s chain of canonical figures began with Ibn Sīnā
(Avicenna) and al-Rāzī (Rhazes) and concluded with Bentami: “Is this Belkacem Bentami,” he
asked, “who just defended a brilliant doctoral thesis in medicine in front of the Faculty of
Montpellier, also a savage?”⁵⁸ That Essemiani could use Renan to support his argument—a
scholar who argued that Islam was inherently irrational and essentially incapable of producing
science—provides us with a new example of how a non-western intellectual interpreted,
appropriated, and deflected (disparaging) Orientalist texts with his own frameworks and agenda
in mind.⁵⁹

This biographical background suggests why Bentami was a natural choice of instructor.
First, Bentami frequently expressed his loyalty to Gouverneur général Jonnart and Recteur
Charles Jeanmaire for the education opportunities he had received through French government

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⁵⁸ Ibid. A sense of Bentami’s renown as the reviver of “Arab medicine” is also given by an article titled “Un
Médecin Arabe chef de clinique à Alger,” Courrier de Tlemcen, 29 November 1907, which detailed Bentami’s
nomination as head of the ophthalmology clinic at the Hôpital Mustapha Pacha.
⁵⁹ On these strategies in the Ottoman and Egyptian contexts, see Andrew Arsan, “Under the Influence? Translations
and Transgressions in Late Ottoman Imperial Thought,” Modern Intellectual History 10 (2013), 375-397; and
scholarships, and he was a leading proponent of ʿizdiwāfīya (literally, “doubleness”, that is, assimilation). Second, he was a known personage to members of the medical faculty in Algiers, having studied and interned there. Third, he was newly qualified and would have minimal salary expectations. His initial salary was 250F per month for a “fairly heavy workload,” 500F less annually than the starting rate for a médecin de colonisation, fifth class, and unlike these civil servants he did not enjoy subsidised housing. In common with médecins de colonisation, Bentami was not compensated during the summer months, when he was expected to support himself with private practice or by covering vacations of other doctors. Not only were assistant professors at the École de Médecine paid a higher annual salary, their teaching duties were also much more limited.

For all Jonnart’s and Jeanmaire’s faith in Bentami’s loyalty, the instructor of the medical auxiliary programme had his own agenda. The prominence accorded to Bentami was noticed by the extremist settler press, and the colonial authorities, particularly as he plunged ever more into city politics, standing for municipal council in 1904, 1908, and finally successfully in 1912. Bentami’s every move was noted in the press, and clandestine state security officers intercepted his private correspondence.

60 Bentami married a French citizen, the Odessan Jew, Rosalie Balaban, and would ultimately naturalise as a French citizen himself. Rosalie Balaban’s family origins are mentioned briefly in Jean Déjeux, La littérature féminine de langue française au Maghreb (Paris: Éditions Karthala, 2004), 9.
62 CANA TDS 0531, Letter from Rector of Académie d’Alger to GGA, 5 November 1905, 2pp, reference on page 2. Typically, faculty taught three one-hour lessons per week for a single semester, or two courses throughout the entire academic year, whereas Bentami was responsible for eight hours of instruction per week.
63 In 1904 Bentami ran unsuccessfully for a position as municipal councillor; in 1908 he ran again on a slate with Victor Barrucand, editor of al-Akhbār. On his election see AN LH/182/43, “Legion d’honneur. Renseignements produits à l’appui d’un projet de décret tendant à nommer M. BENTAMI Belkacem Ould Hamida, Officier de la Legion d’Honneur.”
In 1907, a caricature of the doctor appeared in the scurrilous racist and anti-Semitic satirical paper *Le Cri d’Alger* (Figure 2.1).\(^6\) The author of the article, who had previously attacked the *auxiliarat médical* under the pseudonym “A. Simplex,” regretted that Bentami been favoured by Jonnart and chosen as the first instructor of the programme. Simplex crudely caricatured Bentami’s physiognomy, mocked Islam, and criticised his nefarious politics in a passage that opened with a blasphemous imitation of the call to prayer:

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\(^6\) Anti-Semitism towards Jews, as well as Muslims, was a highly visible component of settler public life in Algeria across the political spectrum, see Z. Szajkowski, “Socialists and Radicals in the Development of Antisemitism in Algeria (1884-1900),” *Jewish Social Studies* 10, no. 3 (1948), 257-280.
Allah is Allah [sic] and Bentami is his prophet!
Who has not seen this fat and smiling Messiah, wandering in the streets of Algiers with a slow and steady step and grand and obsequious greetings, surrounded by young Muslim proselytes?

[…] This weighty man of girth […] harbours, in his brain crammed with verses from the Coran, ambitious dreams of the intransigent Muslim. Soon one saw the regenerator of Islam, surrounded by his pupils, making the rounds of Moorish cafés and spreading the good word.

Ever since, along with proselytes who don’t hesitate to usurp the title of [medical] students, Ben Tami spreads an influence that will soon become dangerous.

His teaching, his advice, [and] his political activity… guide his young coreligionists towards an Islamic revival that we will one day have to combat.66

In chapter one, we saw how colonial lobbyists sought to appeal to Muslim sentiment throughout across northern Africa, from Morocco to the Ottoman Empire, with publications that encouraged the renewal of Islamic ideas under French influence. The settler rag Le Cri d’Alger saw this kind of “Arabophilia” as supremely dangerous. Bentami threatened the settler interests represented by the magazine insofar as his success raised the profile of Muslim intellectuals, and his rhetoric served to valorise and modernise Algeria’s Islamic heritage.

In the autumn of 1905, an additional instructor was employed to direct the studies of second-year students. This time a European was chosen for the task, a médecin de colonisation who was on leave due to ill health. Victor Trenga, born in Algiers on 29 September 1878 to a Syrian father of Hungarian descent, had studied medicine in Algiers and defended a dissertation on “Psychoses of the Jews of Algeria” at the Montpellier École de Médecine in 1902.67 Trenga began his professional life in Médéa, moving to Tablat on 9 March 1904, and was seconded to

medical auxiliary instruction by gubernatorial decree on 14 December 1905. His fluency in Arabic, probably from his father, and his relatively low status in the colonial medical hierarchy recommended him for the position.

We have no direct access to the teaching methods used by Bentami and Trenga. However, it is possible that it was Trenga who was the more adept at preparing medical auxiliary élèves for their role as linguistic intermediaries. Trenga was keenly interested in the problem of human difference. In addition to his scientific research into psychiatric differences between ethnic and religious groups, he was a popular satirist who excelled at caricaturing the ethnic traits of Kabyle, Arab, and Jew alike for a settler audience. These interests made him an enthusiastic scholar of North African therapeutics and materia medica. In 1906, Trenga tried to obtain government support for a cross-country trip to Tlemcen, Kabylia, Bougie/Bejaïa, and Constantine to conduct research for a North African medical lexicon. He also wrote and published short booklets in Algerian dialect on topics such as caring for new-borns and infants. Neither Trenga’s lexicon nor pamphlets, nor any teaching materials from the medical auxiliary programme, have come to light in archives. If Trenga had published his lexicon, it would have had a significant advantage over existing printed resources, as we saw in chapter one. Trenga’s enthusiasm for ethnographic fieldwork and dialectology suggests the kind of concrete cross-

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69 Although Trenga did not escape the sights of A. Simplex, he was treated graciously as a fellow satirist. Trenga had edited an illustrated satirical paper called Coco-Rico as a student and authored a number of satirical essays and novels, including Guerir? Essai de critique médicale (Paris: Norbert Maloine, 1923).
70 CANA TDS 0101.
cultural encounters that may have informed his teaching methods.\textsuperscript{72}

Regardless of how lessons were communicated, learners developed their own cross-cultural comparisons and ways of familiarising themselves with newly acquired knowledge.

Victor Trenga invited a Jewish medical student from Paris, Abel Lévi-Bram, to meet the élèves of the auxiliary programme, and he remarked upon

> A liveliness of intelligence among auxiliary pupils that augurs well for the results that will be obtained in the future. One of these pupils, to prove that he had grasped well the role of microbes, told us that he would compare these invisible beings, when he spoke of them to his coreligionists, to djinn, considered by natives as the cause of illness.\textsuperscript{73}

At the end of the first-year exams in 1905, the examiner Professor Brault found a lack of confidence and instances of “bungling” among élèves, which he attributed to intellectual limitations and the challenges of acquiring and consolidating copious amounts of new knowledge in a short space of time. In contrast, Lévi-Bram included auxiliaries in a circle of knowledgeable elites—lively intelligences who had “grasped well the role of microbes”—from which others would try to exclude them. In Lévi-Bram’s description, pupils were not reciting what they had learned by rote, but were assimilating new knowledge to existing mental concepts with agility.

This kind of mediation was entirely in keeping with Bentami’s and Trenga’s intellectual influences. The former was determined to bring about the revival of Muslim society through the embrace of science and assimilation. As we shall see below, welfare and mutual aid were not

\textsuperscript{72} CANA TDS 0101, Letter Recteur de l’Académie d’Alger to GG 29 June 1906.
\textsuperscript{73} Abel Lévi-Bram, “L’Assistance médicale des Indigènes d’Algérie,” 55. “On a déjà pu constater parmi les élèves auxiliaires une vivacité d’intelligence faisant bien augurer des résultats que l’on pourra obtenir dans la suite. Un de ces élèves, pour prouver qu’il avait bien saisi le rôle des microbes, nous disait, qu’il comparerait ces êtres invisibles, quand il en parlerait à ses coreligionnaires, aux génies, considérés par les indigènes comme les causes des maladies et nous montrait par là qu’il saurait faire servir les connaissances précises qu’il avait acquises à l’école à l’instruction de ses coreligionnaires arriérés.”
European imports to Bentami, but existing forms of charity that could be reinvigorated under French influence. In contrast, Trenga encouraged auxiliaires médicaux to be “des intelligences ouvertes aux idées modernes” (“minds open to modern ideas”) while supporting their learning with his knowledge of their own “traditions”: North African languages, healing practices, and materia medica. In Northern Europe and North America during this period, hygienists and social reformers identified the popular beliefs of rural populations and certain ethnic and religious groups as obstacles to acceptance of the germ theory of disease. In early twentieth-century Algeria, the action of the open-minded auxiliaire médical had the potential to facilitate acceptance of state medicine and hygiène, by reinforcing rather than challenging local belief systems.

**Peers**

The proposed introduction of auxiliary élèves into the École de Médecine assumes tremendous significance if we consider that only Bentami and a handful of Muslim health officers had pursued medical training in Algiers prior to 1904. The systematic failings of primary education for the Algerian population have already been outlined. Insofar as there was no formal route to a university education for graduates of these schools, any limited opportunities that presented themselves were the result of patronage networks or chance. In 1906, a Who’s Who of Franco-Muslim intellectuals compiled by Ismaïl Hamet, an army officer

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and interpreter, listed only eight practicing Muslim physicians. The first of these doctors was Mohammed Nekkache, a scion of the urban notability of Nedroma. Nekkache’s Muslim confrères were from modestly well-to-do families who had gained an opportunity through service in the French military or bureaucracy, and travelled by the grace of rare scholarships. Such a course of study was rarely accomplished without the support of at least one powerful patron in the colonial government, as we saw in Bentami’s own career.

Were élèves auxiliaires médicaux on course to becoming doctors? Many clearly thought so. Their frequenting of the clinics and amphitheatres at Hôpital Mustapha Pacha and the École de Médecine imparted to them the aura of trainee doctors within their own families and social groups. Their status must have been perceived as elevated, given the number of early recruits who married European women at a time when such liaisons have been “considered fictional curiosities.” As we will see in the next chapter, many auxiliaires médicaux were embittered to realise that their medical qualifications were unequal to those of medical doctors and that they were regarded with suspicion or disdain by European medical professionals.

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78 Djilali Sari believes that Nekkache was self-funded, but William Gallois talks of a ben Mekkache who received a scholarship. Since paleographic errors are common in The Administration of Sickness, these may refer to the same man. See chapter one for more details of Nekkache.
79 In total, 178 Algerians acquired higher degrees at the Ecoles Supérieures d’Alger during this thirty-year period. Guy Pervillé, Les Étudiants algériens de l’université française (1880-1962), 28.
80 Within a decade of graduating from the programme, Areski ben Messaoud Ouyahia (’04), Belkacem Mohammed Hili (’05), and Mohammed Yaker (’05) all married French citizens. In one instance, the marriage was precipitated by the birth of a child, see Service des archives de la Wilaya d’Alger (SAWA) 3V 61. The rarity of these marriages is borne out by Henri Marchand, “Considerations sur les mariages franco-musulmans,” in Henri Marchand, Camille Kehl, Pierre Guiho, Le Mariage Mixte Franco-Musulman (Algiers: Librairie Ferraris, 1956). Marchand suggests that legal unions between a French citizen and Muslim subject were “considered fictional curiosities, monstrosities” until the 1930s. Julia Clancy-Smith supports Marchand’s claim that marriages between Muslims and Europeans were “exceedingly rare” in this period. Julia Clancy-Smith, “A European Woman in L’Algérie française (Isabelle Eberhardt, 1877-1904),” in Nupur Chaudhuri and Margaret Strobel, Western Women and Imperialism: Complicity and Resistance (Bloomington: Indiana University Press, 1992), 61-78, reference on page 68; see also David Prochaska, Making Algeria French: Colonialism in Bône, 1870-1920 (Cambridge: Cambridge University Press, 1990), 207.
At the same time—consternation of settler journalists aside—these learners needed a thick skin, or powerful patrons, if they had ambitions beyond the auxiliary corps. The École de Médecine was an overwhelmingly European environment. Only a very small number of students of Algerian origin enrolled in its programmes, the majority of these Jews—the segment of the “native” population that held French citizenship by default from 1870—and there was no professional nursing corps. In this context, it seems astonishing that up to twenty-four Muslim learners were permitted to train side by side with French medical students in the wards of the Hôpital Mustapha Pacha. This fraternisation was censured by detractors of the programme for its supposedly nefarious effects on the psychology of auxiliaire trainees. In 1907, Henri Soulié, and André Simplex at Le Cri d’Alger, marvelled that “élèves” were going so far as to order visiting cards inscribed with the title “étudiant en médecine”—since these learners did not hold the baccalauréat qualification they were properly called élèves, the term étudiant being reserved exclusively for medical candidates.81

In 1907, a furore erupted when Abdelkader Si Mian (’05) was advanced to degree candidacy by ministerial decree, having secured first place in the first- and second-year auxiliary examinations.82 The Algiers Association corporative des Étudiants en médecine protested, and the matter was raised at the 1908 congress of the Assemblée nationale des médecins de France, which met in Lille to decide on reforms to medical education and professional organisation throughout France. In response to the élève’s ascent to the rank of étudiant, delegates to the

82 Incident was reported by A. Simplex, “Les Auxiliaires médicaux indigènes,” Cri d’Alger 330 (2 May 1909), 1.
congress cried “Scandal!” The congress voted unanimously for the suppression of the Algerian auxiliarat médical. Interestingly, European students (étudiants) and physicians were not the only ones outraged by Si Mian’s good fortune. The other auxiliaries in his cohort, dispatched to rural postings while Si Mian remained in Algiers to train for his degree, were indignant at the favouritism shown to their colleague and demanded the same treatment. Henri Gros recounted to the dean of the École de Médecine how, “From our first meeting, [my auxiliaire] begged me to intervene on his behalf to obtain for him the same privileges. He was fairly surprised to hear me say that he only needed to pass his baccalaureat for it to be easy for him to be received as a medical doctor.”

In the aftermath of the Si Mian affair, the Association des médecins du département d’Alger formed a commission to investigate whether the twenty-odd auxiliaires médicaux in the field were practicing “illegal medicine”. One of the commissioners, Dr Edmond Vidal, founder and editor of the monthly Archives de thérapeutique, d’hygiène, et d’assistance coloniales, used his own journal as a platform to spread the commission’s conclusions, a story picked up by the Cri d’Alger:

From the moment of his arrival at the École, he has been enrolled as a [medical] student; he has socialised with the doctoral students; has, like them, studied

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83 The excoriated auxiliary was referred to as “Siméon” by delegates. The Jewish name can only have increased hostility towards him. On xenophobia and anti-Semitism in the liberal professions in France see Julie Fette, Exclusions: Practicing Prejudice in French Law and Medicine, 1920-1945 (Ithaca: Cornell University Press, 2012).
84 IIe Assemblée nationale des médecins de France, Congrès des praticiens, Lille 25-28 juin 1908, Reforme de l’enseignement médical, libre choix du médecin, organisation du corps médical. II. Procès-verbaux des séances (Lille: Imprimerie Daniel, 1908), 293-95.
85 CANA TDS 0531, Letter Henri Gros to Curtillet, 11 April 1911, “On venait d’accorder à Si Mian les dispenses que vous savez. Dès notre première entrevue, il m’a prié d’intervenir en sa faveur pour lui faire obtenir les mêmes privilèges. Il a été assez surpris de m’entendre lui dire qu’il n’avait qu’à passer ses baccalauréats, qu’il lui serait très facile alors d’être reçu docteur en médecine. Je lui ai cité l’exemple de Decaisne, de Peter et de bien d’autres qui s’y sont pris de cette manière quand on était pas en république, c’est à dire quand le favoritisme n’existait pas ou restait plus discret.”
anatomy, physiology, pathology; has listened to the lessons of the teacher around the same hospital bed; in short, nothing—or very little—distinguishes him from the medical student except [the] “medical mentality,” which in his case is replaced by pride and complacency. [...] The auxiliaire considers himself to be a small-time doctor, fit to discuss a diagnosis, a prognosis, and to formulate a treatment with an old-time practitioner.  

Once auxiliaires médicaux took up posts in the field, doctors found fault with their training for being too theoretical and insufficiently based on practice in the clinic (see chapter three). To doctors like Vidal in Algiers, the problem was that the training of auxiliaires médicaux was too similar to that of doctors. However, Vidal’s claim that a “medical mentality” was lacking in these trainees had nothing to do with their actual instruction, and everything to do with a racial understanding of the innate, inherited abilities of the European and Muslim brain.

Despite the racialist anxieties of Edmond Vidal and the muckraking of Simplex, it is not evident that the atmosphere on hospital wards encouraged learners to mistake themselves for doctors or for the equals of European students. For example, an invitation to attend the annual end-of-year student revels, the Punch de l’Internat in 1913 (Figure 2.2), depicted a medical student dancing alongside two caricatured figures. One was a semi-nude, voluptuous bellydancer, after the style of the “Ouled Naïl,” the “dancer-prostitutes” of French orientalist

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86 Edmond Vidal, “Les Auxiliaires médicaux indigènes,” Archives de thérapeutique, d’hygiène et d’assistance coloniales (1908), 319-328, quotation on page 324. “Le jeune auxiliaire arrive dans sa circonscription après 2 ans de cours théoriques à l’Ecole de Médecine et des leçons pratiques à l’hôpital. Dès son entrée à l’Ecole, il a été inscrit comme étudiant; il a frayé avec les étudiants en doctorat; a, comme eux, étudié l’anatomie, la physiologie, la pathologie; il a écouté les leçons du Maître auprès du même lit d’hôpital; bref, rien – ou peu de chose – l’a différencié de l’étudiant en médecine sauf pourtant cette « mentalité médicale » dont je parlais plus haut, que remplaçant chez lui l’orgueil et la suffisance. […] L’auxiliaire se considère comme un médecin au petit pied, apte à discuter avec un vieux praticien un diagnostic, un prognostic, et à formuler un traitement.”

87 Osborne argues that scientific racism in the French Empire typically did not take the form of a single racial hierarchy, but instead was founded on the belief that each race and its phyognomy had particular aptitudes and features that allowed it to excel in certain tasks: for example, the view that Algerians and Senegalese had superior martial abilities, but were not renowned for their singing. See Osborne, The Emergence of Tropical Medicine in France.
The second figure wore a turban and burnous, as well as a French decoration on his chest: the implication being that he was a lackey of the French state. At first glance, the man has been cast in the role of snake charmer, except that he is portrayed charming a speculum and obstetric forceps, rather than snakes, with his tune. Medical auxiliaries would have been aware that the Europeans with whom they shared instructors, classrooms, and clinics, portrayed Muslims in terms of grotesque and sexualized stereotypes.

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A number of élèves auxiliaires médicaux complained that they were mocked, jostled, and bullied by medical students,89 who prevented them from approaching patients.90 Bentami’s and Trenga’s diligence towards their protégés included protecting them from such bullying. Dr Trenga spoke up for his pupils in the Bulletin médical de l’Algérie, declaring that, “On several occasions the pride of students has been genuinely hurt—not by innocent ragging—but by rude humiliation at the hands of insensitive European students.”91 Complaints about the academic abilities of élèves voiced by end-of-year examiners, and later criticisms of their lack of practical experience from doctors in the field, may well have been a reflection of these uneasy dynamics.

It should not be assumed that the relationship between étudiants and élèves was in every way antagonistic. In 1911, medical students led a university strike which lasted ten days. Their grievances included problems of overcrowding in clinics; their exclusion from the Institut Pasteur, which was under new management; nepotism and a lack of transparency in the award of university scholarships; and the general disregard of the dean and faculty for the needs of students. Auxiliary learners were entirely peripheral to their concerns and were even referred to favourably by a delegation of strikers as “indispensable health corporals.”92 During the strike, étudiants drew attention to their grievances by sowing disorder on the campus, tossing furniture and ink, and tearing down a metal gate in the physic garden. In contrast, élèves auxiliaires médicaux and instructors had to work hard not to draw unfavourable attention to themselves.

89 CANA TDS 0531, Questionnaire, Dr Barbé, médecin de colonisation, Médéa.
90 CANA TDS 0531, Letter Gros to Curtillet, April 11, 1911.
Following the results of the 1906 summer exams, which some on the jury had found disappointing, Dr. Trenga defended the performance of his charges—and by extension his own—in the face of criticism. He blamed lacunae in auxiliaries’ learning on the indifference of faculty, insensitivity of medical students, and challenges of creating a programme of study *de novo*, and he defended his more ambitious students:

*Auxiliaires* have never ‘claimed to be treated on the same footing as real medical students’… Yes, I know, one—or two—among them have printed a hundred visiting cards! We should turn a blind eye; are not we, the civilised people, a little to blame for having inoculated these little monkeys with the virus of a strange malady, for which no Metchnikoff has yet discovered the formidable contagion? The general instructors of the *auxiliaire* students, almost alone in guiding and instructing young people in the spirit of curiosity and on-going awakening, have perhaps on occasion seemed clumsy pédagogues, but are aware of having carried out their task to the best of their ability, due to the real difficulties presented by the development of such a new and important education.93

Although Victor Trenga objected to the abuse shown to his students, he and another supporter of medical education for Algerian Muslims, Henri Gros, themselves both used the term “monkey” to refer to the men under their supervision. This choice of words reminds us that in the early twentieth-century scientific racism, however it was packaged, was presented as a fact of life.94 In entering the *École de Médecine*, candidates to the *auxiliarat médical* found themselves part of a “new and important” programme but were placed in the uncomfortable position of

93 “Oui, je sais, un – ou deux – d’entre eux se fit imprimer un cent de cartes de visite ! Fermons les yeux; ne sommes-nous pas un peu coupables nous, les civilisés, d’avoir inoculé à ces petits singes le virus d’une aussi curieuse maladie, et dont aucun Metchnikoff n’a encore découvert le redoutable contagion ? / Les répétiteurs généraux des élèves auxiliaires, presque absolument seuls à guider et à instruire des jeunes gens à l’esprit curieux et toujours en éveil on peut-être quelquefois paru malhabiles pédagogues, mais ils ont conscience d’avoir rempli leur tâche le mieux qu’ils ont pu, en raison surtout des difficultés réelles que présentait la mise au point d’un enseignement si nouveau et si important.” Italics in original. Victor Trenga, “A propos des auxiliaires médicaux indigènes”, *Bull. méd. Alg* 17 (15 September 1906), 493-496, quotations on 496.

being compared to primates and laboratory animals.

**Intellectual horizons**

As I have shown, the intellectual and professional development of *auxiliaires médicaux* was framed by an academic curriculum focused on “native” pathology, but also by a cross-cultural approach to medicine. Outside of academic settings, *élèves* acquired other notions of “science” and “civilisation.” Their social and intellectual horizons were broadened by life in Algiers—which for some was their first experience of a city—where they dwelt alongside settlers from diverse origins as well as among other Muslims, from Morocco in the west to Egypt, in the east. *Auxiliaires médicaux* also joined self-help organisations and friendly societies formed by the Muslim petty bourgeoisie and intelligentsia, in tandem with liberal Europeans, which were springing up all over the colony.

There were two such societies in Algiers, *La Rachidiya* (*rāshidiya*, rightly guided) and *Et-Toufikya* (*ittifāqīya*, agreement, concordat). Et-Toufikya branded itself a “charitable, literary and scientific educational friendly society,” hosting regular lectures for audiences of settlers and Muslims from Algeria, Tunisia, and Morocco. It also sponsored free medical consultations for the poor in Bentami’s private clinic in Souq el-Mekasser, in the Casbah, for “the indigent without restriction (nationals and Europeans) and without charge,” at which *auxiliaires médicaux* may have assisted. A speech by Bentami opened the inaugural meeting of *Et-Toufikya* in 1911:

> At the dawn of the twentieth century, programmes of mutual aid and assistance proliferated in European society. […] This solidarity has been practiced in Islam

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96 *al-Akhbar*, 2 January 1910. “yuqbulu al-marḍā min al-fuqarah` muṭliqan (waṭanīyyūn wa ūrbuwīyyūn) majānān”.
for a long time, in the material domain. But it is still in an embryonic state in the intellectual domain.

The elite among the Muslim generation raised and having grown up under the beneficent influence of French instruction believed that it had an urgent duty to perform.

[...] One sees that students from the Faculties of medicine, law and sciences, like the students of the Médersa and auxiliaires médicaux, were animated by the firm desire to contribute to spreading among their coreligionists notions of hygiene, of law, of literary and scientific outreach, in French or in Arabic, according to the abilities of each person.97

Bentami stressed how Islam had long enjoined its followers to practice solidarity and charity: these needed only to be reinvigorated in line with developments in European society. His vision embraced science and the liberal state as the means of achieving progress (attakaddoum)—his personal watchword and the name he gave the newspaper he directed and edited in the 1920s—within the framework of Islamic civilisation.98 The auxiliaires médicaux were to take part in this revival.

In the activities of Et-Toufikya and medical auxiliary training, we acquire a glimpse of the complex and stratified possibilities for learners’ identity as it took shape in Algiers. Auxiliaires médicaux were intended to be young men schooled in the French language and culture, and trained to identify and treat characteristically “native” pathologies. Yet they were also endowed with alternative sources of cultural capital by their education in Arabic, their...
family connections (referred to in chapter 5), and their participation in associational life. The discourse of *Et-Toufikya* was not framed by “race” but rather by Islam and civilisation. At the same time Trenga referred to his students as “primitives” on the path of enlightenment to French civilisation, Bentami was salvaging a history and narrative for the “civilising mission” which was not racially bounded. Following Bentami’s lead, *auxiliaires médicaux* could develop an understanding of their role that exceeded the narrow technical and racial visions of their purpose.

Conclusions

This chapter has reconstructed the blueprint for the Algerian *auxiliarat médical*, while also tracing the challenges of enacting this official vision in the face of substantial resistance: from auxiliary learners who thought they were becoming doctors; from medical students who objected to their Algerian counterparts “tiring” their patients on the wards; and from doctors and journalists who felt threatened by “Arabophile” policies. When the hoped-for intermediary did not emerge effortlessly after two years of training, European medical faculty and settlers blamed learners rather than the programme itself.

*Auxiliaires médicaux* emerged from their training with a passion for science and antisepsis. Trenga and Bentami had encouraged them to become more than unreflecting hospital orderlies: the first steering them to cultivate an “open intellect,” the other urging a social conscience and the revival of Islamic society through science and European liberal government. At the same time, their instruction and personal experiences forced medical auxiliaries to view “natives” as settler medical doctors perceived them: as corpses on a dissection table; victims of parasitic and skin diseases; orientalist fantasies of the belly dancer and the snakecharmer; superstitious and unscientific; evolving towards “civilisation” but ultimately subhuman. Even as the *élèves* were enthusiastic about the knowledge they acquired and their improved social
standing, they must have been made aware of how their mentors viewed the condition of their coreligionists. Without archival evidence, it is difficult to say what they may have made of these ideas or how they applied them in their future careers.

The year 1911 was an *annus horribilis* for the programme. Jonnart stood down as *Gouverneur général*; auxiliary recruitment was suspended while the extent and impact of reforms to the curriculum were debated in yet another commission at the *École de Médecine*. In January 1912, Bentami was the victim of an unsuccessful assassination attempt as he walked home from the *Hôpital Mustapha Pacha*, escaping with wounds to the hand and neck. Bentami would go on to enjoy a decorated political and medical career and remained a mentor figure for the auxiliary corps, but he was asked to stand down as *répétiteur général*. With the departure of its defenders, Jonnart and Bentami, the *auxiliarat médical* was impelled to a new phase. The following chapter will show how the orientation of auxiliaries’ training, along with the conditions in which medicine was practiced in the *bled*, created room for further reinterpretation of the medical auxiliary’s role.

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100 In particular, Bentami is remembered for his leadership of the *Fédération des Élus indigènes*, which campaigned unsuccessfully for parliamentary representation in the lead-up to the 1930 centenary.
Chapter Three

*Toubib or not Toubib? Competition for Control in the Therapeutic Landscape of the Bled*

This chapter follows nearly fifty *auxiliaires médicaux* to their infirmary posts in the *Communes mixtes* (Figures 3.1-3.4). *Communes mixtes* were immense, artificial administrative units equivalent in size to a metropolitan *département*, where unelected *administrateurs* governed scattered villages and *douars* (villages, encampments), along with the Muslim, Jewish, and European inhabitants of *centres de colonisation*. Specifically, I investigate the triangular relationship between *auxiliaire médical*, *médecin de colonisation*, and *administrateur*—and to a lesser extent their interactions with Algerian and European villagers—as this was played out in a challenging rural environment.

By way of illustration, in 1908 *auxiliaire médical* Ammar ben Ahmed Selmi (class of ‘06) assumed a posting in the *circonscription medical* of Aïn Beida, which sprawled over 448,480 hectares in the *département* of Constantine. Selmi and the *médecin de colonisation* for La Meskiana, Marc Savin-Vaillant, served a semi-nomadic Algerian population of 57,802 together with 1,919 Europeans.¹ Administrative orders took at least two days to reach La Meskiana from the *Préfecture* of Constantine, which was two hundred and twenty kilometres

¹ The *médecin de colonisation* received a state salary in return for one day per week of free consultations at the infirmary in addition to a weekly medical round; monthly inspection of schoolchildren, and sex-workers as required; food and water quality inspections; and completion of a considerable volume of paperwork. Brief historical background on the *médecin de colonisation*, and of the *Service médical de colonisation* of which he was a member, appears in Chapter one. Figures drawn from Henri Soulé and Lucien Raynaud, “De la Nécessité d’organiser en Algérie un corps d’infirmiers ou aides-médecins indigènes,” extract from *Compte-rendu du Congrès colonial français*, May 29-June 5 1901, Section de Médecine et d’Hygiène coloniales, 245-250, figures on 245.
Figure 3.1. Infirmaries with an *auxiliaire médical* in 1906
Source: All maps created by author using Harvard World Map

Figure 3.2. Infirmaries with an *auxiliaire médical* in 1907

Figure 3.3. Infirmaries with an *auxiliaire médical* in 1908

Figure 3.4. Infirmaries with an *auxiliaire médical* in 1914
away by train and coach.\(^2\) The *douars* sixty or seventy kilometres away from the infirmary in La Meskiana were barely accessible by mule tracks.\(^3\) If Selmi was intended to handle patients in the infirmary under the doctor’s watchful supervision, who was to know how he conducted himself alone in a distant *douar*?

Evidence for the three-way interactions between *auxiliaire médical*, *médecin de colonisation*, and *administrateur* is drawn from a variety of sources, including personnel files and regional and communal archives. I begin with a discussion of government circulars that stipulated the sphere of practice of this new healthworker. In the central sections of the chapter, I show how auxiliaries’ therapeutic practice unfolded on the ground, exploring in turn the responses of villagers, doctors, and administrators. The chapter concludes with a discussion of revisions to the programme from 1911 to 1913, and a case study from the *Commune mixte* of Akbou in Kabylia.

The analysis in this chapter draws intensively on a collection of questionnaires completed by physicians in the *Service médical de colonisation*. This documentation came about as a result of a commission convened in Spring 1911 to respond to complaints about *auxiliaires médicaux* made in the *Délégations financières algériennes*.*\(^4\) These were highly atypical documents for, as

\(^4\) The origins of this institution are discussed in Chapter one. The *Délégations* were an assembly of elected representatives who met to determine the colonial budget. The assembly comprised three houses, representing respectively European agricultural interests (*colons*), urban Europeans (*non-colons*), and North Africans (*indigènes*), who were divided into Kabyle and Arab sections. The franchise for the *Délégation financière indigène* was extremely restricted, and decisions made in this delegation were consistently sidelined by the stronger European *Délégations*. See Jacques Bouveresse, *Un parlement coloniale? Les Délégations financières Algériennes, 1898-1945*, 2 volumes (Mont-Saint-Aignan: Presse Universitaire de Rouen, 2008 and 2010).
a medical practitioner from Aïn M’Lila noted, “This is the first time that the opinion of médecins de colonisation is sought when dealing with a question of medical assistance.” The substance of the chapter therefore approaches auxiliaires médicaux through their eyes. While each médecin de colonisation seized upon the questionnaire as an opportunity to be heard, the views of their new assistants remained enigmatic at this point in the lifetime of the institution. Auxiliaries’ voices continue to be mediated through the pen or typewriter of a superior who was often critical or even derogatory. Only during the Great War (discussed in chapter 4), do we find independent evidence of these men speaking for themselves.

It is nonetheless possible to read in the commentaries and criticisms made by médecins de colonisation some of the professional and social ambiguity of auxiliaries’ position, and the difficulties they faced in reconciling their ambitions with the nature of their employment. Auxiliaires médicaux knew themselves to be beholden to doctors and administrateurs, and were placed under pressure by settlers. At the same time, auxiliaires médicaux clearly aspired to be physicians, and tried to evade those aspects of their work which they felt were incompatible with the dignity of this profession. In a number of cases, Muslims and Europeans alike mistook an auxiliaire for a doctor. Following auxiliaries’ itineraries from Algiers to the Communes mixtes allows us to see how the challenges of doctoring and administering large rural territories, along with local and interpersonal factors, left the auxiliaire’s role open to interpretation and thus gave rise to unexpected arrangements and accommodations with physicians.

5 CANA TDS 0531, Questionnaire, Dr Crozes, Aïn Mlila, 29 April 1911. “C’est la première fois que pour traiter une question d’assistance medicale, on demande l’avis des médecins de colonisation. Cette innovation mérite d’être signalée, car elle nous permet d’espérer que l’on nous accordera enfin l’autorité morale qui est due à des fonctionnaires dévoués.”
Jurisdictional Anxieties

As we saw in the previous chapter, the Algerian auxiliarat médical occupied an anomalous position within the French medical profession. The provinces of Algiers, Constantine, and Oran held the status of French départements, and thus the medical auxiliary was destined to operate on French soil, where the loi de 30 novembre 1892 sur l’exercice de la médecine et de la pharmacie assured a professional monopoly to holders of a medical degree from accredited institutions. However, the auxiliaire médical was an agent in the employ of the Direction des Affaires indigènes (Bureau of Native Affairs), and was exempted from prosecution by an imperial decree of 1851 which permitted indigènes to treat their coreligionists medically without a license (see chapter one).

Two sets of government circulars instructing prefects how to use this agent—the first issued on 5 June 1906, the second set on 15 March and 27 August 1907—shed light on the jurisdictional ambiguity at the heart of the new institution. The text of the 1906 circular insisted that auxiliaires médicaux should under no circumstances treat Europeans, and should be prevented from “passing themselves off to their coreligionists as true men of the art and trying by this means to build up, in competition with doctors, a Muslim clientele.” Many politicians in the Délégations financières algériennes were themselves private physicians, and they opposed

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6 On the medical profession and historical attempts to delimit the role of medical assistants in Europe and the United States, see for example, Susan Reverby, Ordered to Care: The Dilemma of American Nursing, 1850-1945 (Cambridge: Cambridge University Press, 1985); and Karin Schultheiss, Bodies and Souls: Politics and the Professionalization of Nursing in France, 1880-1922 (Cambridge, MA: Harvard University Press, 2001). On the same phenomenon in colonial settings, see discussion in Introduction.

7 CANA DZ/AN/17E/1045, Letter from GG to préfets, 29 June 1906. “Il faut éviter avant tout que ces auxiliaires se posent auprès de leurs coreligionnaires en véritables hommes de l’art et tentent par ce moyen de se créer concurremment avec les médecins, une clientèle musulmane,” 3pp, quotation from pages 1-2.
intraracial consultations in order to protect their own professional monopoly and the principle of liberal medicine.\(^8\)

The 1906 circular further specified that, in order to prevent abuses, the *auxiliaire médical* would receive no formal degree or transferable certification.\(^9\) Auxiliaries were to be employed exclusively under the supervision of the *médecin de colonisation* within the four walls of the *infirmerie indigène*: not as domestic servants or hospital janitors, but as a kind of hospital intern. The document specified penalties for infractions against the new rubric. Entering *douars* unaccompanied would constitute grounds for instant dismissal, or at least the loss of a month’s wages.\(^10\)

This definition of tasks was modified in 1907 following an inspection of higher education in Algeria carried out by *Inspecteur générale de l’Instruction publique* Charles Bouchard, professor at the Paris *École de Médecine* and member of the *Académie de Médecine* and the *Académie des Sciences*. Bouchard’s remit in Algeria was not to investigate narrowly the *auxiliarat médical*, but to evaluate “the services of men of science or scientific institutions” to the colony more broadly, and to contribute his expert opinion to the on-going discussion concerning whether to transform the colleges of Algiers into faculties of an “Algerian

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\(^8\) As I indicated in chapter two, many physicians favoured separate wards or rooms for “European” and “native” patients. See FR ANOM ALG GGA 14H/1. “Organisation d’un service d’assistance médicale gratuite chez les indigènes. Procès-verbaux des séances de la Commission.” Séance 15 Jun 1894. Missionary societies known as the Pères blancs (White Fathers) and Sœurs blanches (White Sisters) operated hospitals for the exclusive use of “natives” before 1904, but these were in regions with a minimal settler presence. See Karima Dirèche-Slimani, *Chrétiens de Kabylie (1873-1954): une action missionnaire de l’Algérie coloniale* (Paris: Bouchène, 2004).

\(^9\) This belief was doubtless based on previous experience with *officiers de santé*, see chapter one.

\(^10\) CANA TDS 0531, Circular titled “Avis,” undated. The full description of penalties for cases of misconduct or dereliction of duty appeared in the décret du 29 June 1906 see footnote 7.
The status of *auxiliaires médicaux* acquired new significance in the light of the hoped-for accreditation of the colleges of Algiers. What would be the place of medical instruction for Muslims at the future university? The French system of higher education required the *baccalauréat* and a yearlong preparatory class for its students in *Physique-Chimie-Sciences naturelles* (P.C.N.). The *École de Médecine* presented an irregularity, since it tolerated the existence of a separate track for Muslims with less stringent admission criteria and a shorter time to qualification.\(^1\)

Bouchard understood the function of *auxiliaires médicaux* within this wider context. He asked,

> Should we allow the illegal practice of medicine? Should we create doctors on the cheap? As long as you are unable to put real physicians, doctors [of medicine], within the reach of patients, you will endure illegal medical practice whether you allow it or not. Medical unions for which this is a concern have not freed themselves [of illegal practice] in the Metropole. It is not the Administration that will spare the colony.\(^2\)

Noting that the combined efforts of state legislation and policing by medical unions had failed to control medical practice in mainland France, Bouchard endorsed a greater range of activities for *auxiliaires médicaux* in order to attenuate the problem of unlicensed practitioners. He proposed that the agents should be allowed to vaccinate, treat eye diseases, and distribute quinine in

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1. CANA TDS 0531, *Extraits du rapport de M. le Professeur Bouchard. A restituer à la direction de l’Intérieur (1er Bureau)*, 65. “Je me propose de faire connaître mon impression relative aux services que les hommes de science ou les institutions scientifiques peuvent rendre à l’Algérie.”
2. A decree of 1880 awarded the École de Médecine the right to issue permits for the practice of medicine in “native territory,” but the law had never been tested. CANA TDS 0531, Letter Jeanmaire to Governor General Jonnart, 22 October 1904. See chapter one for details.
3. CANA TDS 0531, “Extraits du rapport de M. le Professeur Bouchard. A restituer à la direction de l’Intérieur (1er Bureau),” 71. “Faut-il autoriser l’exercice illégal de la médecine ? Faut-il créer des médecins à bon marché ? Tant que vous n’aurez pas réussi à placer de vrais médecins, les docteurs, à portée des malades, que vous le permettrez ou non, vous subirez l’exercice illégal. Les syndicats médicaux qui y sont pourtant intéressés, n’en ont pas délivré la Métropole. Ce n’est pas l’Administration qui en délivrera la Colonie.”
douars without the direct supervision of a doctor, as well as to seek out and treat those sick unwilling to accept state assistance. Illegal practitioners they might be, Bouchard argued, but there was nothing to fear from the auxiliaire: he was entirely dependent on the administration for his livelihood and any occupational authority that accrued to him.14

The circulars addressing the deployment of the auxiliaire médical defined an area of legal exception for Muslim patients and practitioners alone. This continued to rankle with physicians—“I was unaware that there were multiple medicines and distinct therapeutic applications according to social class or ethnic difference,” complained Professor Paulin Trolard at the Algiers École de Médecine—and with politicians in the Délégations financières algériennes, who urged an investigation into the activities of the auxiliary in the field.15 In response, Directeur des Affaires indigènes Dominique Luciani convened a new commission under the leadership of the Doyen of the Algiers École de Médecine, Joseph Curtillet. Curtillet invited the participation of three members of the Délégations financières outspoken on the subject of the auxiliarat médical, Georges Benoît, Paul Aymes, and Mohammed ben Siam; and five professors of medicine who had been involved in auxiliary training since 1904, Albert Cange, Joseph Crespin, Jules Rey, Henri Soulié, and Louis Trabut. By omitting the mentor and instructor to auxiliaires médicaux since 1904, Dr Belkacem Bentami, Curtillet excluded the person who had done the most to build up the programme, and ensured that a European viewpoint would predominate at meetings. Moreover, the commission took the unusual step of

15 Paulin Trolard, “Auxiliarat et Officier de santé Indigènes,” Bull. méd. Alg. 17, no. 18 (30 November 1906), 614-624, quotation on 615. “J’ignorais qu’il y eût plusieurs médecines et différentes applications de la thérapeutique suivant les différences de classes de la société ou suivant les différences ethniques.”
circulating a questionnaire, believing, “that it was of the utmost importance to know the opinion of médecins de colonisation who, having had auxiliaries médicaux under their orders, having seen them at work, can assess them, gauge their professional instruction, and equally ascertain their shortcomings and failures.”

As many of these doctors noted, this was the first time that the colonial authorities had sought their opinion on assistance directly, rather than through the interlocutor of the administrateur. Doctors’ surprise and satisfaction at being consulted speaks to the endemic lack of communication between administrative officials at the Gouvernement général in Algiers and the medical field. Forty-two of ninety-nine physicians—only some of whom had direct experience of working with an auxiliaire médical—completed the survey and returned it to Algiers. Eight doctors wrote from postings in the département of Algiers, ten from Oran, and twenty-three from Constantine. The surnames of respondents suggest they were of Corsican, French, Italian, and Spanish descent. With one exception, these doctors were not conversant in local languages, which may explain why they accepted an auxiliaire médical in their service. Auxiliaries did serve under Arab Jewish physicians—whereas “Muslim” doctors only joined the ranks of the Service médical de colonisation following the First World War, as access to

\[16\] CANA TDS 0531, Draft letter, Curtillet, President of Commission, Dean of the la Faculté de médecine, dated April 1911. “Après un échange de vues, la Commission a pensé qu’il était de la première importance de connaître l’avis des médecins de colonisation qui, ayant eu sous leurs ordres des auxiliaires médicaux, avaient pu les voir à l’œuvre, les apprécier, se rendre compte de leur instruction professionnelle, et constater également leurs défauts et leurs défaillances.”

\[17\] CANA GGA DSP 079, Statistique du personnel médical et pharmaceutique de France et d’Algérie, année 1906, Algérie. Répartition numérique par départements et par communes et récapitulation par départements des docteurs en médecine, officiers de santé, dentistes, sages-femmes, pharmaciens, herboristes. One of the doctors, Henri Gros, had retired to France. This breakdown does not reflect the number of physicians practicing in these regions: 190 in Algiers, 111 in Oran, and 99 in Constantine in 1906.
educational opportunities widened—but these doctors did not feature among the respondents.\footnote{See CANA DZ/AN/17E/1073/02, Notes et correspondances relatives aux médecins de colonisation, exposé sur la situation général de l’Algérie, 1939. See also Louis-Pierre Montoy, “ Médecins, pharmaciens, dentistes algériens dans le département de Constantine (1914-1954),” in Gilbert Meynier and Jean-Louis Planche (eds.), \textit{Intelligentsias francisées (?) au Maghreb. Actes du colloque.} (Paris: GREMMO, 1990.)}

Thus, the views in the questionnaire represented a settler perspective on medical auxilaires.

The questionnaire comprised four pages and a total of twelve questions. It invited each doctor to judge the abilities of the \textit{auxiliaire médical} in his service (sufficiency of instruction, competence, discipline), as well as to assess the strengths and weaknesses of the institution per se (the name, style of recruitment, pay level). A fetish for supervision rather than concern for medical knowledge and practice guided the document, as this excerpt shows:

\begin{itemize}
  \item C. Have they [\textit{auxiliaires}] remained in their place or have they overstepped their attributions?
  \item D. Have they committed abuses? If necessary, cite examples. (If, on this point, your observations seem to you to need to be confidential, make them anonymous and write them separately, without signature or header.)
  \item E. Do they follow your instructions exactly? Do you consider the authority you hold over them to be sufficient?\footnote{CANA TDS 0531.}
\end{itemize}

It is unclear whether the promise of anonymity was designed to protect the auxiliary from prosecution for overstepping the limits of his position, or to spare the doctor from censure for allowing him to do so in the first place. This ambiguity suggests that the document served to discipline both the \textit{médecin de colonisation} and the \textit{auxiliaire médical}: shaping the former to be taskmaster and policeman, at the same time that it investigated the latter.

The responses to the questionnaire revealed that auxiliaries’ first years on the job had not been easy for them or their supervisors. However, while Algiers-based physicians objected strongly to the illegality of the institution under French law, as we saw in chapter two, most of
the questionnaire respondents supported the idea of “native” medical assistants, even as they criticised the men in their service. Only three of the forty-two doctors who responded called for the outright suppression of auxiliaires, whereas five described them as “priceless” assistants. Overall, doctors’ reports expressed appreciation for the auxiliaire médical, who was particularly valuable as an interpreter. The questionnaire responses expressed general concerns for the material and scientific precariousness of rural medical practice, rather than problems specific to their individual auxiliaire médical, revealing that more was at stake than friction between doctors and their subordinates. Five issues drew particular attention in doctors’ commentaries: professional labels, the auxiliaires’ clinical role and training, working conditions, moral authority, and illegal practice.

Who was the Toubib?

Official titles and job descriptions held little meaning for villagers. To the qā’id of douar oulād al-Akrad in Tiaret, the auxiliaire médical was “nāʾib al-ṭabīb” (“the doctor’s assistant”). To the qā’id of Bab al-Assa he was “al-sayyid al-ṭabīb” (“Mr. Doctor”). Among villagers, the auxiliaire was simply the “médecin” or “ṭabīb,” or the “ṭabīb sghir” (“little doctor”) in contrast to the “ṭabīb kebir,” the “big doctor,” meaning the European one. To Europeans in the village

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20 The exact word used is “précieux.” CANA TDS 0531, Questionnaires from Cerviotti (Kalaa), Massonet (Gouraya), Canquil (Azazga), Colas (Dra el-Mizan), Fournier (Canrobert). Pages, and Fournier called for the maintenance of the status quo.

21 FR ANOM CM Tiaret 34/Santé publique (uncatalogued), Report qā’id of oulad al-Akrad to Administrateur de la Commune mixte de Tiaret, 7 February 1926.

22 FR ANOM 92501, letter 31 June 1930 qā’id to Administrateur de la Commune mixte de Marnia.

23 Tabīb, from form I of the Arabic verb – مَب – مُب – was commonly used throughout the Arabic-speaking world to describe a physician who had acquired book learning in general medicine. For a discussion of different vocabulary used to describe physicians, see Doris Behrens-Abouseif, “The Image of the Physician in Arab Biographies of the post-classical Age,” Der Islam 66 (1989), 331-343, especially 334-336. I use tabīb or the French transliteration toubīb following the use in sources. Of course, simply because médecins de colonisation did not hear the use of
centres and farms he was the “médecin arabe” (“Arab doctor”) or the “petit médecin” (“little doctor”) from whom they hoped to extract novel or free medical treatments.  

Dr Bertrand in Perigotville/Aïn el-Kebira (Constantine) fulminated that auxiliaires were bound to:

- pass themselves off as doctors, not only among their coreligionists, but also among colons in the little villages where the intellectual level is very low.
- Everyone constantly says ‘Mr Bertrand and the Infirmary Doctor’ in speaking about my auxiliaire. His father and brother speak of him in French as the doctor. He doesn’t practice illegal medicine, strictly speaking, because he isn’t paid in cash. But his advice is repaid in kind: chickens, honey, etc.

Dr Bisquerra in Macmahon/Aïn Touta (Oran) was the only respondent who actually claimed to conduct consultations in Arabic. He remarked that, “[A]ll the natives consider the auxiliaire the real medical doctor, and never fail to address themselves to him when they come for a consultation.” Was this the mistake of simple-minded rustics? Or did the populations of Macmahon and Perigotville believe the auxiliaire was the “real” thing, the “infirmary doctor,” precisely because he was always at the Infirmary—even sleeping there in some cases—while the médecin de colonisation made only occasional appearances? Regardless, these respondents were concerned that the use of ṭabīb, even if immediately qualified with a diminutive adjective or

24 CANA TDS 0531, Questionnaire, Dr Ribierre, Zemmorah, Oran, 6 May 1911.
25 CANA TDS 0531, Questionnaire, Dr Bertrand, Perigotville, 7 April 1911. “[D]épassent leurs attributions en se faisant passer pour des médecins, non seulement auprès de leurs coreligionnaires, mais encore auprès des colons des petits villages dont le niveau intellectuel est peu élevée. On dit couramment Mr Bertrand et le Docteur de l’infirmerie en parlant de mon auxiliaire. Son père et son frère en parlant de lui en français disent le docteur. Ne fait pas de médecine illégale à proprement parler car il ne se fait pas payer en argent. Mais ses conseils sont rétribués en nature ; poules, miel ….” Emphasis in original.
26 The evidence of the questionnaires, in tandem with random sampling of doctors’ personnel files found in the CANA (see “Répertoire numérique simple fonds Santé publique 1892-1962), suggests that during the period in question remarkably few médecins de colonisation of European origin claimed proficiency in Arabic or Berber languages.
27 CANA TDS 0531, Questionnaire, Dr Bisquerra, Macmahon, no date.
racial epithet, emphasised the similarities between doctors and *auxiliaires* rather than their differences.

Most doctors accepted this linguistic confusion as something over which they had no control. Dr Massonet in Gouraya (Algiers) went so far as to aver that it was not a sign of deliberate misrepresentation by his *auxiliaire*, or of the guilelessness of rustics, but an inevitable consequence of state intervention in the lives of rural populations.

I have always maintained and I maintain still that the title is of little importance. Whatever name one gives to this employment, the single fact that the natives see a civil servant paid by the state, accompanying the doctor and treating the sick, they will call him “doctor” [ṭabīb]. Do they not call the phylloxera expert “vine doctor” [ṭebib dahlia] and the veterinarian “animal doctor” [ṭebib zouail]? Massonet discounted the possibility that use of the title “Ṭabīb” by his patients conveyed affiliation with a body of written knowledge or referenced a particular form of instruction. In his mind, the honorific marked its bearer as a deputy of the state.

It is not clear, however, that local populations instinctively associated the ṭabīb with state authority. In Massonet’s example, the villagers of Gouraya may have used the Arabic word for doctor—and the phrases “vine doctor” and “animal doctor” —in the sense of “expert.” A remark by Dr Meinard in Port-Gueydon/Bou Daoud suggests that a title alone was not enough to convince North African populations of the relationship between a ṭabīb and the state. Meinard recognised that Algerian populations would accept intrusions by the beylik (Ottoman Turkish

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28 CANA TDS 0531, Questionnaire, Dr Massonet, Gouraya, no date. “J’ai toujours soutenu et je soutiendrai toujours que la désignation importe peu. Quelque soit le mon que l’on donne à cette fonction, par le seul fait que les indigènes verront un fonctionnaire rétribué par l’état, accompagnant le médecin et soigner les malades, ils l’appelleront « tebib », n’appellent-ils point « tabib dahlia » l’expert phylloxérique et « tebib zouail » le vétérinaire ?” Dahlia from the Algerian Arabic word dāliya, “grape vine;” zouail from the Kabyle zayla, pl. zouawayel, animal, especially horse.
term meaning the area of jurisdiction under a Bey) in the form of vaccination campaigns, but only if the individuals performing the vaccinations wore an official uniform and kepi.29

The questionnaire responses, as well as medical auxiliaries’ correspondence and personnel files, reveal that physicians, auxiliaires médicaux, and villagers invested the honorifics of ṭabīb or médecin with very different meanings. Many French doctors actively embraced the Arabisation of their professional title and deliberately appropriated the mantle of the learned ṭabīb. On the one hand, the name carried a certain panache within the military medical community.30 On the other hand, they may have believed this would facilitate their acceptance by local populations, because of the apparent continuity with local titles and idiom. Any attempt by the auxiliaire médical to usurp the title of “toubib du bled” met with considerable backlash from their superiors. For instance, Arab ben Kaci Brahimi (‘06) had to answer to a number of charges of professional misconduct from his overseer Dr. Colas and the administrateur of the Commune mixte of Dra el-Mizan in 1916, among which was the accusation—substantiated by a promissory note that had fallen into the possession of the doctor—that Brahimi had masqueraded as a doctor in order to borrow the sum of twenty francs from the son of a patient. Brahimi defended himself against the accusation, noting that, “As for the signature médecin auxiliaire or auxiliaire médical I confess that my small knowledge of the French language has never allowed

30 Witness the considerable production of pied-noir memoirs using this term, “Toubib de Lyautey,” “Toubib sous uniforme 1908-1918,” “J’étais toubib dans le bled,” “Si Toubib.” The term has entered the French language as a familiar and colloquial term for a doctor or quack, and is ubiquitous in popular culture—namely novels and comic strips—and used among medical professionals in present-day France.
me to be able to differentiate the two expressions. I had always believed them to be equivalent. Besides which, no one has ever remarked upon it.”

Brahimi’s defence appeared in a ten-page letter written in fluent, idiomatic French in elegant cursive script. Contrary to this modest or disingenuous assessment of his linguistic abilities, he had a sophisticated grasp of the French language, which distinguished him from the majority of illiterate or semi-literate villagers. Nonetheless, this does not prove the accusation against Brahimi. For instance, the elision of auxiliaire médical and médecin auxiliaire can be found everywhere from official correspondence to the pages of newspapers and international scientific journals. The title of médecin auxiliaire was an appointment in the Service médical de colonisation given to Officiers de santé. Although health officer training had terminated in Algiers in 1896, as late as 1906 there were still twenty-five health officers practicing in Algeria. Like auxiliaires médicaux, the officier de Santé received a minimum of two years of training, did not write a medical thesis, were appointed to rural areas, and ranked below doctors in the medical hierarchy. Even so some were ultimately recognised as full doctors by the state.

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31 Service des Archives de la Wilâya d’Alger (henceforth SAWA) 3V 61, Letter Arab Brahimi to Administrateur Principal, Dra el-Mizan, 17 May 1916. “Quant à la signature médecin-auxiliaire ou auxiliiare médical, j’avoue que mes petites connaissances en langue française ne m’ont jamais permis de pouvoir établir la différence entre les 2 expressions. Jusqu’ici j’ai toujours cru qu’elles sont équivalentes. D’ailleurs on ne m’a jamais fait la remarque.” Brahimi explained that he had borrowed the sum from Mr Ernandès in Algiers, not at an infirmary bedside, and that the loan had been taken out a good four months after Mr Razigade Ernandès, the father, had been treated in the Dra el-Mizan infirmerie indigène. On previous occasions, Dr Colas had been willing to show his auxiliaire considerable latitude, appointing him as locum pharmacist, and allowing him to practice medicine alone in the douars despite official objection from the administrateur. That Dr Colas should object so strongly to this incident and the alleged misrepresentation suggests that there was more to this case than meets the eye.

32 The journal La Médecine Internationale, December 1926 mentions Youcef ben Khelifa Aissaoui (’15) as a “médecin auxiliaire indigène”. The French wife of another auxiliaire médical, Mohamed Yaker, referred to him as “médecin auxiliaire” in a letter to the Governor General. SAWA 3V 61, Letter Louise Yaker to GG, 14 September 1919.

33 CANA GGA DSP 079, Statistique du personnel medical et pharmaceutique de France et d’Algérie, année 1906.

34 Charlotte Ann Legg, “Imagining Le Peuple Nouveau: Medicine and the Press in French Algeria 1870--1914”
Thus it was not unreasonable that auxiliaires and their families, villagers, and even doctors, should fail to understand the difference between the two.

Physicians sensitive to the appropriation of their title proposed a number of alternative labels with which to keep their assistants firmly in their place, many with military overtones, such as infirmier panseur (bandage nurse), khodja du service de santé (secretary of the health service), infirmier major (chief nurse) or infirmier colonial (colonial nurse). However, a significant minority of médecins de colonisation believed that some modicum of prestige was necessary for the auxiliaire cadres to succeed. Dr Cerviotti in Kalaa dismissed the idea that the title auxiliaire médical be replaced with that of ‘nurse. “Among ourselves, civilised people, […] isn’t the visiting nurse generally scorned?” he wrote. “Among the Arab people, the profession of nurse is humiliating. The Arab is honourable and proud; he only likes officers’ stripes.”

Cerviotti considered the title of auxiliaire médical to be a necessary trompe l’oeil: its allure was symbolic only, compensation for the material deficiencies of the position, since auxiliaries’ labour was remunerated at a fraction of the salary of the médecin de colonisation and was barely sufficient to support a family.

Similarly, Dr Ribierre of Zemmorah believed that the main difficulty with the programme was not that auxiliaires had aspirations above their station, but that there was a mismatch between the promise of their training and the poverty of their salary and position. The starting salary for a trainee was 1000F; increasing to 1,200F per annum (3rd class) after titularisation;

35 CANA TDS 0531, Questionnaire, Dr Cerviotti, Kalaa, 9 May 1911. “Chez nous, peuple civilisé, […] l’infirmier de visite n’est il pas généralement méprisé ? Chez le peuple arabe, le métier d’infirmier est avilenant. L’arabe est fier et orgueilleux : il n’aime que les galons.”
36 CANA TDS 0531, Questionnaire, Fournier, Canrobert, undated. The difficulty of supporting a family on a medical auxiliary’s stipend is discussed in chapters four and five.
1,500F (2nd class) after a minimum interval of six years; and finally to 1,800F (1st class) after another six years.\footnote{CANA TDS 0531, Charles Jeanmaire, Note, “Traitemen des auxiliaires médicaux indigènes,” 1904. Five francs was deducted monthly and paid into a civil service pension.} Although this compared favourably with the situation of instituteurs indigènes (‘native’ teachers), whose salaries ranged from 1,200 to 1,500F, with a 100F increase every two years, the auxiliaires’ life was more dangerous: in less than a decade of auxiliaires médicaux being posted to the bled, two had active tuberculosis, a number caught typhus and faced cholera,\footnote{Harrag ould Mostefa ben Aoumeur (’06) caught typhus in Mazagran, CANA GGA Direction de la Santé Publique 30. Abdelmadjid Keroughlane was awarded a medal for his services during a 1911-12 cholera epidemic along the Tunisian border, Jeanne and André Brochier, Le Livre d’or de l’Algérie. Dictionnaire des personnalités passées et contemporaines, 1937 (Algiers: Baconnier frères, 1937), 180.} one of the original cohort died in the line of duty, and another committed suicide using substances from the infirmary pharmacy. The programme’s architects, Ribierre believed, had erred in recruiting auxiliaires from elite backgrounds and in inflating their expectations for so little reward: “Not a single auxiliaire médical currently in service will be in ten years. […] The preparations have been too majestic, too long, for the poor, niggardly [career] that follows them.”\footnote{CANA, TDS 0531, Questionnaire, Dr Ribierre, Zemmorah, Oran, 6 May 1911. “Pas un des auxiliaires médicaux actuellement en service n’y sera encore dans 10 ans. C’est pour eux une situation d’attente, de jeunesse. Après 2 années d’études (pendant lesquelles on a eu tort de trop les confondre avec les étudiants en médecine), suivie d’une année de stage dans un poste de colonisation, on leur alloue 95 fr (5.00 retenus pour la retraite !) et l’espoir de gagne 150 francs dans 12 ans, s’ils sont bien sages. Les préparatifs ont été trop majestueux, trop longs, pour le pauvre cortège, mesquin, qui leur fait suite.”}

Clinical Challenges

Depending on the attitude of the doctor, auxiliaires médicaux might act in clinics as interpreters, accountants, and record keepers; they prepared bandages and antiseptic solutions, handed out medicines and administered chloroform; and they carried out small surgeries. They were also called upon to perform vaccinations, made compulsory by law in Algeria on 27 May
1907. One doctor noted that the presence of the *auxiliaire* freed him to spend more time treating Europeans, which was precisely in line with the intentions of the programme’s architects.\(^{40}\)

Another explained that his *auxiliaire*, Ahmed ben Mohand Dali (‘06), exerted a positive moral influence in his infirmary, correcting the “prejudices” of the patients and acting as a reassuring presence and safeguard at the bedside of the patient.\(^{41}\) Thus the *auxiliaire médical* reinforced the actions of the physician, or extended them to villagers who were felt to be culturally or linguistically removed from French influence.

Outright opponents to *auxiliaries* constituted only one tenth of respondents to the questionnaire, whereas the clear majority of doctors favoured the continuation of the programme with modifications. Their comments on the failings of auxiliary training shed light on the everyday running of infirmaries and therapeutic practices. They also echo in fascinating ways the profession-wide preoccupation with the state of medical education at the turn of the century.

What was the right balance between scientific theory and clinical practice in the classroom? Should the fundamentals of anatomy, physiology, cytology, and other auxiliary sciences precede the handling of patients and their diseases? Or should theoretical instruction and hospital-based training proceed side by side?\(^{42}\) In metropolitan discussions, anxiety about the changing locus of the physician’s epistemological authority was associated with concern for the quality of newly

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\(^{40}\) CANA TDS 0531, Questionnaire, Dr Massonet, Gouraya, Constantine, undated.

\(^{41}\) CANA TDS 0531, Questionnaire, Dr Pages, Taher, undated.

\(^{42}\) Charles Bouchard, who carried out the 1907 inspection of the Algerian *auxiliaire* mentioned above, was also responsible for conducting a detailed investigation of doctors’ training in French faculties and hospitals, after which he proposed significant revisions to medical instruction. His foremost concern was to accustom students to “think and feel medically” by placing hospital-based training on an equal footing with theoretical instruction, and by exposing students to patients and pathologies from day one, rather than waiting until the third of four years’ coursework. This was a radical departure from the positivist-inspired programme of study that required two years’ grounding in anatomy, histology and physiology before allowing students to meet their first patient in the third year. See Charles Jacques Bouchard, *Questions relatives à la réforme des études médicales* (Paris: G. Steinheil, 1907), 31.
graduated doctors and the patient-doctor relationship. In the Algerian case, the balance between theory and practice reflected on the *auxiliaire*’s position within the medical hierarchy, but also on the differences between urban and rural diagnostics and therapeutics.

Seventeen *médecins de colonisation* complained in their responses that their *auxiliaire* lacked confidence in manipulating simple infirmary equipment and therapies. Most blamed the curriculum for *auxiliaires*’ inexperience in carrying out a temperature curve, cupping (therapeutic draining of blood by means of a *ventouse*, or small cup), the application of vesicants and irritants to expel disease, and bandaging. What was the use of an *auxiliaire* knowing “that typhoid fever has the scientific name Dothinentherie, that it presents with such and such symptoms,” asked Dr Cubry of Montagnac/Remchi, if he was unable to take the pulse or temperature of a patient? “[Auxiliaires] possess certain notions that they have no use for and are unaware of those they should chiefly know,” opined Dr Canquil of Azazga.43 “They know too many things but know them too superficially; their memory has been exercised more than their judgment,” stated Dr Monier of Cassaigne/Sidi Ali.44 One doctor was willing to acknowledge that the fault might lie not with medical auxiliaries’ training, but with European medical students who had held *auxiliaires* back during their training.45 A greater number suggested that a cursory or superficial instruction in anatomy, physiology, and bacteriology had turned *auxiliaires*’ heads and encouraged them towards unrealistic aspirations and designs for themselves: “Theoretical

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\[43\] CANA TDS 0531, Questionnaire, Dr Canquil, Azazga, undated. “Oui, en un sens qu’ils possèdent certaines notions qu’ils n’ont pas à utiliser, et qu’ils ignorent en qu’ils devraient surtout savoir.”

44 CANA TDS 0531, Questionnaire, Dr Monier, Cassaigne, undated. “Leurs connaissances sont trop étendues et manquent de netteté; ils savent trop de choses et les savent trop superficiellement ; leur mémoire à fait plus de travail que leur jugement.”

45 CANA TDS 0531, Questionnaire, Letter Dr Gros, St Chartier (Indre), 2 April 1911.
lessons have the disadvantage of distancing them from practical notions by giving them an incomplete science,” declared Dr Baraillaud of Saïda.

These complaints directed at auxiliaires’ independence of thought or poor preparation illuminate the gulf between medical theory current in Algiers and actual practices and equipment on the ground, and provide rich insights for a “behaviourist” history of medicine of the kind called for by Erwin Ackerknecht. Médecins de colonisation were recruited from a range of backgrounds. Younger hires typically arrived from metropolitan medical schools—Montpellier, Marseille, Lyon, Bordeaux, Paris—but older physicians came from more diverse backgrounds, which included military and naval careers, or abbreviated forms of medical training such as the diploma of colonial medicine or the Officiat de santé. Their clinical approaches, developed during years or even decades of practice which had to make the most of limited diagnostic and therapeutic tools, did not always align with the laboratory-oriented methods of the Pasteurians who had devised the curriculum for the auxiliarat médical. Added to this, the limited finances of the auxiliary programme restricted students’ practical experience, as Henri Soulié noted in a 1913 request for funding. Whereas theoretical instruction came cheaply, the provision of up-to-date equipment that auxiliaires could learn to manipulate, keep clean, and maintain did not.


47 For example, the médecin de colonisation in Pérregaux, obtained his medical decree in 1894 close to his retirement, after thirty-two years of service. Gustave-Ferdinand Charbonnier, L’Assistance medicale en Algérie (Ph.D. dissertation, Université de Bordeaux, 1894).

48 CANA TDS 0531, Letter Henri Soulié to Dean of École de Médecine, 27 June 1913. For a similar argument, see Jungnickel and McCormmach on how the lack of access to physics cabinets inspired the development of theoretical physics. Christa Jungnickel and Russell McCormmach, Intellectual Mastery of Nature: Theoretical Physics from
Reflecting upon contemporary serology procedures for diagnosing syphilis is useful to illustrate some of the problems that may have arisen over instrumentation.\(^49\) A 1911 booklet distributed by the government *Service de la Santé et de l’Hygiène* in Algiers stated that the Wassermann reaction required a minimum of five centimetres cubed of sera to provide an effective reading. The author, Lucien Raynaud, recommended drawing a sample of no less than ten centimetres cubed of blood using a syringe and needle which had previously been sterilised in an autoclave. Absent an autoclave, he suggested that this equipment could be boiled in salt water for ten minutes, before being passed through an open flame. As a last resort, a flame-sterilised ventouse could be used. Other sera reactions required smaller amounts of blood, which Raynaud recommended drawing from the finger.\(^50\)

Surviving equipment lists for infirmaries do not include autoclaves. Many infirmaries lacked even basic amenities such as running water, as we shall see below. Most doctors must have cupped their patients or not carried out seroreactions at all.\(^51\) Ventouses for cupping, mustard plasters, scarification, and tisanes in use in some infirmaries did feature among the list of items handled by *auxiliaires* in their training, but these treatments would not have seemed out of place in the hands of the other *ṭabīb*, the so-called “empiric”, and the auxiliary curriculum

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\(^{49}\) I am grateful to Keith Wailoo for pointing me towards the significance of techniques of blood drawing. See his approach in *Dying in the City of the Blues: Sickle Cell Anemia and the Politics of Race and Health* (Chapel Hill: University of North Carolina Press, 2000).

\(^{50}\) Lucien Raynaud, *Notice au sujet de Prélèvements en vue d'Analyse bactériologique* (Algiers: Imprimerie Orientale Fontana Frères, 1911), 11-12.

\(^{51}\) A. Cochez stated that médecins de colonisation did not have the necessary equipment to carry out seroreactions, and that these were often not necessary for the experienced clinician; see A. Cochez, “A propos de la fièvre typhoïde chez les Indigènes,” *Bull. méd. Alg.* 16 no. 11 (15 June 1905), 356-357, reference on 357. “Je sais bien que les médecins de colonisation ne sont pas outillés pour pratiquer la séroréaction; celle-ci n’est pas indispensable dans une foule de cas, et on savait reconnaître la fièvre typhoïde avant la découverte de Widal.”
aspired, above all, to cultivate a “scientific spirit” in students. Not only had the auxiliaires’ course of study included content associated with the so-called “laboratory revolution,” which had no bearing on many colonial doctors’ intellectual orientation, they also lacked the confidence to devise alternatives to procedures performed in Algiers. This lack of resources marginalised them, and the doctors they worked with, with respect to the kinds of medicine practiced in urban hospitals.

Staying with the example of syphilis, we can infer that the mismatch between doctors’ expectations and auxiliaires médicaux’s training went beyond matters of preparation and generational differences. The discussion of the auxiliary curriculum in chapter two described how training was slanted heavily towards diseases thought to be rampant among the Algerian “native” population, such that a full quarter of the curriculum dealt with skin and venereal infections. One questionnaire response suggests the blinkering effect this may have had on the auxiliaires’ approach to patients. Dr Iriquiera of the Commune mixte of Tablat delighted in reporting that,

The auxiliaire brings a native into the infirmary (in my absence) with a diagnosis of hydrarthrosis. On my return, I see the patient and find a white tumour of the knee – I correct the diagnosis – the following day I receive a visit from a young colleague and show him around the infirmary. I show him my patients, and arrive at the patient in question – the auxiliaire with an almost smug look tells me this: “M. le Docteur, this patient does have hydrarthrosis: this morning I drained it and drew off some water”… I didn’t criticise [the auxiliaire] until the next day on-one. There on his own authority he carried out a drain (and how did he do it?), he checked and disputed my diagnosis, and presented me with all this in front of another doctor – the patient however returned to the infirmary several months later with his “hydrarthrosis” which had gained in size and beauty in spite of the drain on which the patient and auxiliaire had founded high hopes.52

52 CANA TDS 0531, Questionnaire, Dr Iriquiera, Tablat, April 1911. “En voici un = un auxiliaire fait entrer à
It may be significant that the diagnosis in dispute was a hydrarthrosis—the painful swelling of the joint cavity of the knee—since this condition was considered by some practitioners to be an indicator of “native” syphilis. The auxiliary curriculum did not address the treatment of tumours; indeed, some European physicians denied that Africans could even suffer from cancers. In this instance, the colonial obsession with syphilis may have infected auxiliaires to the point that Iriquiera’s assistant was rounding up putative syphilitics for treatment. As an “indigène” himself, Iriquiera’s auxiliaire tried to lay claim to privileged knowledge of “native” diseases, but he had not been trained to treat patients suffering from “European” afflictions.

Despite the challenges of their work in the bled, a number of auxiliaires médicaux drew inspiration from the introduction to scientific medicine they had acquired in Algiers, and strove to deepen their knowledge. Several continued to study with the goal of passing university entrance exams, and successfully acquired increased proficiency. Doctors remarked that their auxiliary had “made progress,” took “a real interest in the profession,” and “asks only to do good

l’infirmière un indigène avec diagnostic d’hydrarthrose (en mon absence). A mon retour je vois le malade et je constate une tumeur blanche du genou – je fais corriger le diagnostic – le lendemain je reçois la visite d’un jeune confrère et lui fais visiter l’infirmière. Je lui montre mes malades, et arrive au malade en question – l’auxiliaire avec un petit air suffisant me dit ceci : « M. le Docteur, c’est bien une hydrarthrose qu’a ce malade : ce matin je lui ai fait une ponction et j’ai retiré un peu d’eau ». Tête du médecin qui m’accompagnait et pu voyait le malade – Je ne l’ai relevé vertement que le lendemain seul à seul. Ainsi donc il faisait de sa propre autorité une ponction (et comment la fit-il?) il contrôlait et discutait mon diagnostic, et me servait ce tout devant un autre médecin – le malade est d’ailleurs revenu à l’infirmière quelques mois après avec son « hydrarthrose » qui ne fait que croître et embellir malgré la ponction, sur laquelle malade et auxiliaire avaient fondé de belles espérances.”

53 The connection between “native” syphilis and hydrarthrosis is made in Georges Lacapère, La Syphilis Arabe: Maroc, Algérie, Tunisie (Paris: Doin, 1923).

54 After studying more than 50 years of medical journals from Morocco and Algeria, I find that French physicians were aware that North Africans could suffer from cancers. However, articles on cancer are more accounts of medical monstrosities than case histories, since physicians typically encountered advanced stage cancers for which there was no adequate treatment, and they did not or could not follow up with patients. Jean-Paul Bado has worked on this subject for sub-Saharan Africa, for instance, Jean-Paul Bado, “Primary Liver Cancer during the Colonial Period in Francophone Africa from the early 20th century to the 1960s,” paper delivered at “Health, Disease, and Environment in Africa” workshop, Princeton University, 11 October 2008.
and to improve his skills.” An extreme instance of this was given by Dr Barbé, médecin de colonisation in Médéa (Algiers), who remarked with incredulity that, “My current auxiliaire, who is a very good-natured fellow, buries himself in reading Dieulafoy’s Pathologie interne, which he borrows from me one volume after another, and has subscribed to La presse medicale.” (Barbé added sourly, “This improves the infirmary service not one jot!!!!!”). The reading habits of this auxiliaire, Messaoud Aberkane (’04), suggest that he viewed himself as part of an international medical community despite his geographical isolation.

The questionnaires speak of doctors’ dissatisfaction with an intermediary they viewed as inadequately prepared for the job, which, I have suggested, may have proceeded from the biases of auxiliaries’ urban training, which was skewed towards a particular perception of Algerian pathology, as well as physicians’ own intellectual baggage. There were also personal factors at play, since many doctors wished their assistants to conform to their idiosyncratic working habits. In a number of instances, doctors compared their auxiliary unfavourably to orderlies whom they had personally trained from scratch, and pointed out that it had taken from eight to eighteen months to bring their auxiliaire up to standard, which, it should be noted, was precisely the point of the year-long stagiaire (trainee) status.

However, once the auxiliaire had been brought “slowly, but surely, to a precise awareness of his perfect ignorance of the job he was supposed to carry out,” most doctors

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55 CANA GGA DSP 28 and 30.
56 CANA TDS 0531, Questionnaire, Dr Barbé, Médéa, undated. “Mon auxiliaire actuel, qui est un très gentil garçon, s’abîme dans la lecture de la Pathologie Interne de Dieulafoy, dont il m’emprunte les tomes les uns après les autres, et est abonné à la « Presse Medicale ». Cela n’a amélioré en rien le service de l’Infirmerie!!!!!!”
57 CANA TDS 0531, Questionnaires from Gros, Cerviotti, and Savin Vaillant.
announced their satisfaction with the results.\footnote{CANA TDS 0531, Questionnaire, Dr Savin Vaillant, La Meskiana, 3 May 1911.} As this comment suggests, in order for the auxiliaire to be considered useful, the doctor believed that he had to build up his skills, while at the same time, demolish his self-esteem. Significantly, the verbs most commonly employed by these doctors to describe the on-the-job training they gave their auxiliaire médical were “dresser” and its nominalisation “dressage.” More commonly used with reference to training and taming of animals, these word choices are a reminder of the neo-Darwinian chain of being within which even settler supporters of the auxiliarat médical placed its members, and of the subtle status distinctions of language to which auxiliaries were subject in the workplace.\footnote{See discussion of the language of Victor Trenga and Henri Gros in Chapter two.}

Working Conditions

Occasionally doctors’ comments also reflect the frustrations and disappointments of their assistants themselves. The fledgling auxiliaires médicaux found that the working environment and patient load of an infirmerie indigène were a far cry from the halls of the Algiers École de Médecine and wards of the Hôpital Mustapha Pacha. The 1906 circular had made clear that auxiliaires were not to be treated as dogsbodies or janitors; but many doctors seemed unaware of this document or the official guidelines on the use of auxiliaires médicaux, and so frustrations on both sides were inevitable.\footnote{Dr Morin in Khenchela noted that “I never received the arrêté that created auxiliaires médicaux, and so I am unfamiliar with the task that a doctor may, where required, cast on an auxiliaire.” “Je n’ai pas eu communication de l’arrêté qui a créé les auxiliaires médicaux, de sorte que je suis mal au courant des fonctions qu’un médecin pourrait, le cas échéant, exercer sur son auxiliaire.” CANA TDS 0531, Questionnaire, Dr Morin, Khenchela, 3 May 1911.}
Doctors demanded that auxiliaries perform tedious, dirty, and disagreeable chores and then complained that they were loath to “get their hands dirty.” 61 Dr Bertrand, for example, was exasperated when his auxiliaire “refused to shave a patient with ringworm, ‘Epilation not forming,’ he said, ‘part of his duties.” 62 Bertrand’s auxiliaire objected to being taken for a nurse or orderly, insisting that the intimate handling of human bodies and waste was a dishonourable activity unsuited to a man of his education.

In another instance, Dr Gros recorded that,

When I asked Acher, for example, to arrive before me at the infirmary, to carry out simple observations of the patients, take their temperatures, analyse their urine before my arrival, Acher baulked a little. He had been taught none of that, and he imagined that it was fantasies on my part that exceed the limits of auxiliaire duties. Acher was no more thorough when it came to bandages. But that is because they have not been made to practice enough. 63

Mohamed ben Lounès Acher’s (‘05) anxiety at performing clinical tasks on his own may have originated during his training, where pupils had limited access to thermometers or bandages, and it was doubtless drummed into him and other auxiliaires that they should do nothing without the doctor’s supervision.

We can imagine that not only the workload, but also the state of rural infirmaries, was a shock after the controlled and relatively affluent environments of the École de Médecine and Hôpital Mustapha Pacha, where higher standards of sepsis and medical practice were observed.

61 CANA TDS 0531, Questionnaire, Dr Pierre Battarel, Ammi Moussa, no date. 
62 CANA TDS 0531, Questionnaire, Bertrand, Perigotville, 7 April 1911. 
63 CANA TDS 0531, Letter Gros to Curtillet, 11 April 1911. “Quand j’ai demandé à Acher par exemple de venir avant moi à l’infirmerie, de prendre les observations sommaires des malades, de prendre leur température, de faire l’analyse de leur urine, avant mon arrivée. Acher regimbait quelque peu. On n’avait rien appris de tout cela à Acher ; il s’imaginait que c’étaient là des ma part des fantaisies qui dépassaient les limites des devoirs des auxiliaires. Achar n’était pas non plus assez soigneux pour les pansements. Mais celà tient à ce qu’on ne leur fait pas faire assez de pratique.”
To give one example, the infirmary of Rébeval opened on 1 August 1904 and offered free daily consultations. Even when it first opened, it consisted of only four rooms in a house “falling into ruin.” The state of disrepair of the roof and gutters meant that the site was “uninhabitable” during the rainy season: the timber was worm-eaten and the doors and windows closed poorly; and the tiles needed replacement. Patients were housed in an *ad hoc* arrangement of *gourbis* (reed shacks) covered with mud. These were said to be “no more and no less comfortable” than average living conditions for Algerians, and had the advantage of being easy to disinfect, simply by burning the shack to the ground. But Doctor Henri Gros admitted that, “A sick person must really need and want to receive our care to consent to be hospitalised in such deplorable conditions, reprehensible from the point of view of general hygiene, nosocomial hygiene, and the most elementary rules of propriety.”

The plentiful supplies at the *Hôpital Mustapha Pacha* had not prepared Acher, the new graduate, for the less-than-ideal working conditions of this infirmary. There was no septic tank, no darkroom for diagnosing eye diseases, and the examination table was made of oak because metal was too expensive. Gros paid for a hot-air stove (*four Pasteur*) and Chamberland autoclave out of his own pocket. The kitchen and laundry room were housed in a stable; the complex had no means of heating water and in any case lacked running water altogether: it had to be fetched

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from 500 metres away. Gros accused his auxiliaire médical of being very wasteful with gauze, bandage, and cotton, and of consuming enormous quantities of soap and pure alcohol in the course of his obsessive handwashing. Schoolboys in the écoles indigènes learned that “One can judge the degree of civilisation of a people by the quantity of soap that they use,” yet Acher’s superior scrimped on soap from the heights of French civilisation.69

The use of soap was one of a number of mixed messages received by auxiliaires. Like many médecins de colonisation, Gros had decades of experience both as a naval doctor and rural practitioner, during which compromise had become a vital professional reflex. Some practitioners revelled in their status as the rugged toubib au bled, priding themselves on finding bargain solutions for their lack of equipment.70 But shortages also posed for doctor with an ethical dilemma. Gros admitted that he routinely operated in septic conditions because he was strictly forbidden to exceed the commune’s budget by purchasing more cleaning materials. His dilemma—do nothing, for fear of infection, or risk acting, to avoid the inevitable deterioration of the patient—was difficult for his auxiliaire to accept. Over the course of two years, the latter had been drilled in the practice of antisepsis and had acquired “a morbid fear of contagion;” in the bled he was asked to set aside his standards in order simply to make do.71


Rébeval’s makeshift infirmary was rudimentary and apparently barely functional. In other communes, the Assistance medicale indigène relied on refurbished structures that were poorly adapted for use as infirmaries, such as an old mosque, a courtroom, and forts dating from the Ottoman and Napoleonic eras. Alternatively, consultations were simply offered from a room in an administrative building (Azazga mixte) or in a lean-to structure open to the elements, attached to the bordj (Akbou mixte). Where no existing property could be converted to use as an infirmary, administrateurs hired architects to draw up neo-Moorish fantasies at huge expense, when their limited resources would probably have been better spent funding and equipping more modest and thoughtfully designed installations. For instance, the Rébeval infirmary was housed in a building that cost 30F per month to rent, and was supported in 1903 by communal funds of 2,400F, plus 400F for the purchase of medicines. In contrast, the cost of building a neo-Moorish infirmary structure in Rabelais in 1905 was estimated at 14,000 francs (Figure 3.5 and 3.6).
Figure 3.5. Plans for Infirmerie indigène, Rabelais
Source: FR ANOM, uncatalogued documents from the Commune mixte of Ténès. Q1 – Assistance publique, organisation.

Figure 3.6 Site for Infirmerie indigène, Rabelais
Source: FR ANOM, uncatalogued documents from the Commune mixte of Ténès. Q1 – Assistance publique, organisation.
By the time infirmaries such as Rabelais’ were completed (if they were completed since many projects were delayed or abandoned because of high construction costs), there were often no funds left to equip them. Most infirmaries were able to function only thanks to the Fêtes eurs (see chapter 1), private charitable contributions from Muslim donors, and Bureaux de Bienfaisance musulmans (Muslim charity chests) together with the low salaries of doctors, and cut-price assistance provided by auxiliaires médicaux.77 The sole, overworked inspector of the Assistance médicale des Indigènes, Henri Soulié, wrote that Algeria’s “Jonnart-style” infirmaries had been constructed without regard for the most basic precepts of hygiene, infectious disease transmission, or hospital organisation. Of Rabelais’ infirmary he wrote, “You will find it attractive in appearance with its Moorish façade, its mullioned window frames. If you wish to retain this good impression, do not enter, because you will be in a hurry to leave.”78

Henri Soulié reported after his annual tours that infirmaries had particular problems with sanitation and water access. Without washing and laundry facilities, it was impossible to keep the buildings or patients clean. This meant the buildings also lacked a source of water for performing ritual ablutions. The quality and ritual purity of food was also noted as a problem.79 “Moorish” design elements may have been supposed to entice Muslims across the threshold, or to dissuade Europeans from seeking treatment within the clinic’s walls. In fact, the vogue for arabisance

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77 Donations were typically given in the form of mattresses and beds, see for example “Infirmeries indigènes,” al-Akhbar, January 24, 1904, and FR ANOM ALG GGA 14H/1, “Œuvres intéressant les indigènes. Infirmeries – Consultations gratuites – Ophthalmies,” 11 April 1904.


contradicted economy, hygiene, modern planning, as well as Islamic laws on diet and ritual cleanliness in the name of alleged cultural sensitivity.

As these examples attest, many of the respondents to the questionnaire had practised for decades in isolated and poverty-stricken regions, and in clinical settings lacking basic equipment, utilities, and supplies. A handful of physicians used the questionnaire as a platform to draw indirect attention to the lack of support and recognition they received, while the médecin de colonisation of Aïn M’Lila confronted this issue directly. “What are our crimes for which we are reproached?” queried Dr Crozes.\(^80\) He indicated that the salaries of médecins de colonisation had ceased to keep pace with those of the administrateurs of Commune mixtes (See Table 3.1), providing data and figures that demonstrated the public utility of the médecin de colonisation.\(^81\)

The commune of Aïn M’Lila paid out 18,000F in hospitalisation fees to the hospital in Constantine before my arrival here. Now it pays 10,000F. Last year 129 native women were admitted to the infirmary, and almost 300 came for consultations. There were 9 births at the infirmary.

Thirty-one major operations were carried out. Two hundred and eleven surgical cases have been treated.

These are the figures for one year. If these 9,754 days [of care] had been charged at the price of 2F60 asked by the hospital in Constantine, we would arrive at a pretty penny…

Can another functionary be found who saves the communal budget 8,000F each year?\(^82\)

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\(^80\) CANA TDS 0531, Questionnaire Dr Crozes, Aïn M’Lila, 29 April 2011. “Nous n’avons pas été gâté par le sort car étant assimilés autrefois, comme traitement à Messieurs les Administrateurs, nous avons vu ces derniers nous dépasser et nous laisser à une distance telle que nous nous demandons quels sont nos crimes qui nous sont reprochés.” Emphasis in original.


\(^82\) CANA TDS 0531, Letter Dr Crozes, Aïn M’Lila, 29 April 2011. “A cause de ce fait, la commune d’Aïn M’Lila payait 18000 francs de frais d’hospitalisation à l’hôpital de Constantine, avant mon arrivée ici. Elle en paye actuellement 10000. / L’année dernière 129 femmes indigènes ont séjourné à l’infirmerie, près de 300 sont venues demander des consultations. Il y a eu 9 accouchements à l’infirmerie. / 31 opérations graves ont été pratiquées. 211
Crozes was the most outspoken respondent to the questionnaire. Nonetheless, the themes of overwork and resentment pervade many of the responses. Respondents felt that the government had sent them an assistant unfit for purpose. The frequent target of their recriminations, however, was not their Algerian subordinate, but rather a European colleague—the administrateur.

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<td>22000 increasing to 32000 in areas designated as postes déshérités</td>
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Table 3.1. Salaries for administrateurs in the Communes mixtes compared with salaries of médecins de colonisation

Hierarchy upon Hierarchy

A strong impression of the social anxiety of médecins de colonisation within medical and administrative hierarchies emerges from reading these questionnaires. The root of their disquiet was the strained, potentially violent relationship that could exist between an administrateur and the doctor. Some doctors were chased from their posts after falling foul of the administrateur; others stood their ground and came to blows.  

affections chirurgicales ont été traitées. / Tel est le résultat d’une année. Si les 9754 journées sont payées à 2.60 prix demandé par l’hôpital de Constantine, on arrivera à un joli total. / Voilà comment j’ai compris [3] l’assistance médicale après 22 ans de pratique en Algérie. / Pourrait-on montrer un autre fonctionnaire qui fasse économiser huit mille francs tous les ans au budget communal.”

83 See for example, “Questions Diverses – Affaire Bonfils,” Bull. Synd. prof. méd. col. Alg 18, no. 66 (January 1936), 24, for an instance of a disagreement turning into a public brawl. Animosity between médecins de colonisation and administrateurs appears as a motif in memoir literature and fictionalised accounts of life as “Toubib du bled,” see for example, Edmond Reboul, Si Toubib: scènes de la vie d’un médecin (Paris: Julliard, 1959). Reference to altercations with between doctors and administrators are scattered throughout the colonial archive. In
clashes. The *administrateur* was an unelected official with complete authority over the denizens of his territory, who included the *médecin de colonisation*.

Dr Crozes in Aïn Mlila described how this arrangement subjected him and his colleagues to the mercy of a tyrant. A decree of 23 March 1883 required the *médecin de colonisation* to offer free consultations in the *centre de colonisation* and a weekly visit to each *douar*. The *administrateur* devised the itinerary and could limit or inflate the demands placed on the doctor’s time, and so “If you have difficulties with the *administrateur*, the medical rounds are endless, if all is well, you do none.” As the *administrateur* also controlled access to communal transportation (since the *médecin de colonisation* was not issued with a service horse or pack animal, and not everyone could afford his own beast), he had power to make the doctor’s life difficult and medical rounds in the *douars* impossible, if he so desired. This lack of autonomy was resented by a core group of *médecins de colonisation* who sought to improve standards of recruitment, salaries, and pensions for their cadre, and to bolster their inferior position in the civil service.

Where poor morale and tense relations already existed, the presence of a new subordinate only exacerbated the situation. On reaching his new place of employment, the *auxiliaire* had to

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addition to cases referenced in CANA TDS 0531, see also CANA DZ/AN/17E/1964 and FR ANOM ALG CONST B3/452 for instances in which doctors accuse the administrateur of pursuing a vendetta against them.

84 CANA TDS 0531, Dr Crozes, Ain M’Lila, 29 April 1911.
85 CANA GGA DSP 30, Dossiers du personnel medical et paramedical (1906-1958). BA-BL/Pidancet.
register immediately with the Maire or administrateur. The date and time of his arrival was entered into his personnel file, and if he tarried in reaching his post, the administrateur sent letters or a summons by a policeman to the auxiliary’s parents’ home. Already these measures marked the auxiliaire médical as the responsibility of the administrateur, and not the médecin de colonisation.

Unsurprisingly, doctors felt their stature was diminished in the eyes of auxiliaries, because the former was “eclipsed” by the administrateur who alone had the authority to grant leave or to carry out disciplinary measures in instances of disobedience, lack of respect, laziness, or abuse. 87 Seven doctors expressed a wish for greater authority over their auxiliaire médical, and a number of these cited the administrateur as the root of their problems with their subordinate. Correspondence from administrateurs suggests that they were more familiar than doctors with regulations concerning the employment of auxiliaries, and in some instances an administrateur lodged official complaints against a doctor who gave his auxiliaire médical freedom to perform rounds in the douar. 88 Thus the administrateur could prevent doctors from running their services according to their own preferences, since doctors, like auxiliaries, were subject to an annual review by the administrateur in December of each year. A poor performance report or opposition from the administrateur could result in banishment to a less favourable posting. 89

87 CANA TDS 0531, Questionnaire, Dr Margarid, Lafayette, Constantine, no date. Dr Carthala, Nédroma, 21 May 1911.
88 CANA TDS 0531, Questionnaire, Dr Colas, Dra el-Mizan, Algiers, 2 May 1911.
89 CANA TDS 0531, Questionnaire, Dr Margarid, Lafayette, Constantine, no date and Dr Ribierre, Zemmorah, Oran, 6 May 1911. A number of letters suggest that relocation was a weapon commonly used by administrateurs to punish doctors with whom they had a disagreement, such as CANA DZ/AN/17E/2123, Letter from Dr Paul Bouton to the Governor General, 20 August 1905, and FR ANOM ALG CONST B3/452, Letter from Administrateur CM
The administrateur judged the auxiliaire médical according to a different standard from that of the médecin de colonisation. Three sets of service records from the period 1906-1914 suggest that the positive language most frequently used by doctors to describe auxiliaires included the terms “eager,” “gentle,” “devoted,” “obedient,” “intelligent,” “active” and “applied.” In contrast, administrateurs were more likely to remark upon auxiliaries’ attitude, physical bearing and smartness (tenue), and punctuality. An auxiliaire could be in good standing with the doctor, but in trouble with the administrateur. For instance, two doctors’ reviews for Harrag ould Mostefa ben Aoumeur (‘06) from 1911 and 1912 described him as “very docile and devoted, [with a] gentle nature” and “very affable, very gentle, very eager,” whereas the Prefect noted that Benaoumeur had been moved to a different post in 1912 after showing an “irreverent attitude” to the administrateur of Ammi-Moussa.

Disciplinary action taken against Messaoud Aberkane (‘04) was much more severe. Aberkane, the quick and assiduous youth who had “buried himself in Dieulafoy,” was considered an exemplary auxiliaire médical. But in 1915 Aberkane was investigated for fraud—following an accusation that he had submitted false receipts and invoices totalling 300F—and his employment was terminated. While three hundred francs was equivalent to three months’

La Meskiana to Préfet de Constantine, 5 December 1916.

90 Service records for Messaoud Aberkane (‘04), Harrag ben Mostefa ben Aoumeur (‘06), Areski Ouyahia (‘04). CANA GGA Direction de la Santé Publique, 28; GGA DSP 30; SAWA 3V 61.

91 CANA GGA DSP 30.

92 CANA GGA DSP 28 AB-AS, Letter Dr Barbé, 4 January 1912.

93 CANA GGA DSP 28 AB-AS. Aberkane was head of the disinfection post at Medea, where Captain Lefevre, accountant for the Service d’hygiène et de desinfection départementale, determined that he had invented invoices, provided false receipts, and inflated the number of vaccinations and amounts of bills from suppliers. Aberkane confessed but explained that he was only following the example of the previous postholder (who may have been European or North African), and returned the sum. The police folder is missing from his personnel file, and so we can read neither the accusations against him at the time, nor Aberkane’s own defence. What is likely is that Aberkane operated under very little supervision during the three months he held the post. In part, we can attribute
wages for Aberkane, it was but a tiny droplet in an ocean of corruption and invoice padding, where backhanders were the norm in rural communes.\textsuperscript{94} Dr Barbé had imagined that Aberkane would be simply transferred to another post, and considered the punishment meted out by the \textit{préfet} to be too severe.\textsuperscript{95} Although \textit{préfets} were obliged to inform the \textit{Bureau d’Affaires indigènes} of reassignments and disciplinary sanctions against \textit{auxiliaires médicaux}, these decisions were ultimately their personal responsibility.\textsuperscript{96}

While the doctor encountered the \textit{auxiliaire médical} primarily in the medical space of the clinic, the civil \textit{administrateur} had other opportunities to see the \textit{auxiliaire} at work, namely the \textit{Tribunal répressif} (Criminal Court). The \textit{administrateur} had ultimate authority over the auxiliary’s person. In the same way, he stood as judge over the entire Muslim population of his commune. Algerian subjects existed in a permanent state of legal exceptionalism, set apart both by their Muslim personal status and by a draconian law code, the \textit{regime de l’Indigènat}, that criminalised any action construed as a challenge to French interests: whether gathering for a \textit{zerda} (public meal) without permission, going on a \textit{ziyara} (pilgrimage), refusing to offer \textit{corvée} this to the war, which brought about the withdrawal of medical personnel and services. But after all, Aberkane was caught: his work at the Medea disinfection post drew the attention of Captain Lefevre. We learn a little more about this case because the Aberkane sought his return to the ranks of the \textit{auxiliarat médical} in 1920, after working in a Renault munitions factory in mainland France during the war. Aberkane was reinstated as an \textit{auxiliaire médical} but the death of his wife in childbirth, which left him with sole responsibility for several children, prevented him from taking up a post.

\textsuperscript{94} See Didier Guignard, \textit{L’Abus du pouvoir dans l’Algérie coloniale}.
\textsuperscript{95} CANA GGA DSP 28, AB-AS/ABERKANE 1907-1921. In a letter to the Sub-Prefect of Medea on 15 July 1920, Dr Barbé wrote that, “… si l’ex-\textit{auxiliaire} médical Aberkane Messaoud s’est rendu coupable des négligences graves qui ont rendu impossible son maintien comme Chef de Poste de Service départemental d’Hygiène et de désinfection à Médéa, il est d’autre part certain que, pendant les sept années que je l’ai eu sous mes ordres comme AM, ce fonctionnaire indigène, s’est acquitté de ses fonctions à mon entière satisfaction. Au cours d’une conversation téléphonique que j’avais eu, à son sujet, avec M. le Dr Lucien Raynaud, Inspecteur Général des Services de l’Hygiène, il avait été convenu qu’Aberkane serait simplement révoqué de ses fonctions de Chef de Poste, après restitution des sommes indûment reçus ? – parti aux armées sur ces entrefaites, j’appris plus tard, non sans surprise, sa révocation d’\textit{Auxiliaire médical}.”
\textsuperscript{96} CANA TDS 0531, Letter DAI to Préfet de Constantine, 20 October 1913.
labour, or offending a representative of the state with an offhand look. Such infractions, as well as regular criminal cases, were tried in a special court, the tribunal répressif. Unless naturalised as French citizens, auxiliaires médicaux were subject to this regime, until a law of 1919 exempted civil servants from its strictures. They must have been aware that any missteps in behaviour could have severe consequences.

At least five auxiliaires médicaux, Chérif ben Belkacem Brachemi (‘07), Abdelmadjid Keroughlane (‘04), Mohamed ben Mohamed Kebir (‘05), Messaoud ben Amor Milles (‘12), and Turqui Inal (‘12), served as juges assesseurs musulmans (Muslim associate justices) in the Tribunal répressif, sitting in judgment on fellow Muslims and foreigners. While Keroughlane and Kebir hailed from families with a long history of service to the Ottoman and French states, Brachemi was but the son of a shop clerk and Milles came from a family of cultivators. Their distinct social origins are proclaimed by the headgear they are wearing in photographs in a 1930s “Who’s Who,” the Livre d’Or d’Algérie: Keroughlane and Kebir wear the tarbūsh, a gesture to the Ottoman state of days gone by and their educated status, whereas Brachemi and Milles are bareheaded, suggesting that they were trying to pass as French.

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97 Since 1834 the military administration had used discretionary powers of repressive administration. The Kabyle revolts of 1870-1 ushered in a civilian government, which continued to use extraordinary judicial powers, codified 28 June 1881 as the regime de l’Indigénat. For a dicussion of the Indigénat in the Algerian context, see Henri Sivak, “Law, Territory, and the Legal Geography of French Rule in Algeria: The Forestry Domain, 1830-1903” (Ph.D. Dissertation, McGill University, 2008), Chapter 6 for a discussion of the emergence of this legal category and its implications. From 1902, Tribunaux répressifs judged offenses covered by the regime. The Tribunal was formed by a justice of the peace—typically the administrateur in Communes mixtes—and two deputy justices, one European, another Muslim. The Tribunaux répressifs were suppressed by decree on 1 May 1930, effective 1 April 1931.

98 Brachemi served as juge assesseur for 17 years in Collo, Keroughlane for a period of 35 years in Jemmapes, Kebir for an unspecified length of time in Kalaa, and Milles in Batna. Brochier and Brochier, Le Livre d’or de l’Algérie, Dictionnaire des personnalités passées et contemporaines, 1937 (Algiers: Baconnier frères, 1937), 82, 179, 180, 225.
These men were ideal candidates for the role of *juge assesseur*, not only because they were educated in French, but also because they were outsiders, presumed to be capable of impartiality.\(^99\) Unfortunately, records of their involvement in the tribunals do not survive, and so we cannot know if their judicial service prejudiced villagers against them or was in their favour. However, as these examples make clear, the *auxiliaire médical*’s relationship with the *administrateur*, no less than his rapport with the *médecin de colonisation*, was ambiguous. At times a subordinate, at other times a colleague, *auxiliaires médicaux* had the potential to become either a serious enemy or a formidable ally of the administration.

*Auxiliaires*’ involvement in the *Tribunaux répressifs* exemplifies these figures’ indeterminate status relative to villagers. On the one hand, official regulations insisted that *auxiliaires médicaux* be recruited from among the Muslim population in order for them to spread word of the benefits of scientific medicine among their coreligionists. Hence, religious origins and linguistic ability were both prerequisites for admission to the programme. If an *auxiliaire médical* were posted to a region where his family enjoyed a measure of influence—whether because of a saintly lineage or through connection to politicians in the *Délégations financières*—this could increase the effectiveness of his mission.\(^100\) On the other hand, *auxiliaires* could not resemble the local population too closely or they would fail to represent the state appropriately. *Auxiliaires* were chosen to serve as Muslim jurors in the *Tribunaux répressifs* precisely because they were thought to be independent from *çofs* (political factions) among the *indigènes*. Thus, *auxiliaires médicaux* walked a fine line between being insiders and outsiders.

\(^99\) Selection criteria for deputy justices are discussed in FR ANOM 9333/125 Sous-prefecture de Guelma. Justice musulmane (1904/1931).

\(^100\) These connections are discussed in chapter five.
Prefectoral officials could be surprisingly obtuse, posting auxiliaires médicaux to regions where they found themselves in the awkward position of being a total stranger. Henri Gros complained that his first auxiliaire, Mohand ould Ramdane Amrane (‘04), was useless to him in the Rebeval infirmary. In one frustrating conversation between himself and Amrane, he instructed Amrane to “Ask this patient if on waking he noticed that he had urinated involuntarily and bitten his tongue.” His auxiliaire médical, a Berber speaker, replied, “I can’t ask him, because I don’t know how to translate that into Arabic.”101 In a reverse situation, Belkacem ben Ali Ouelaa (‘06), an auxiliaire médical from Douar Nador in the Séfia Mountains near the Tunisian border, was unable to act as interpreter for the doctor in Perigotville/Aïn el-Kebira as he did not know Berber dialects.102 Arezki ben Messaoud Ou Yahia (‘04), an auxiliaire médical from the Berber-speaking mountain community of Aïn Amara near Guelma, was so homesick in Cassaigne/Sidi Ali (Oran) where Spanish and Arabic were the most commonly heard languages, that he arranged to exchange posts with Ahmed Chaïbeddera, an Arabophone auxiliaire médical from the west who felt similarly out of place in his post in the Kabyle-speaking region of Barika.103

The colonial administration of Algeria was supposedly rooted in an ethnographic politics of divide and rule, yet officials seemed blissfully unaware of the distinctions between

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102 SAWA 3V61, Letter Médecin de colonisation Perigotville to Préfet de Constantine, 7 February 1919.
103 Ouyahia was so homesick that on leaving Cassaigne he travelled immediately to his parents’ home for 15 days of leave, which he extended to 30 days without official approval, before beginning his appointment in Barika on 15 May 1911. Four months later he wrote to the Prefecture to request the post of Dra el-Mizan, which he occupied for one month before requesting—unsuccessfully—to return to Barika. CANA TDS 0438 Ahmed Chaïbeddra to Préfet de Constantine 14 March 1911; Préfet d’Oran to GGA, 25 March 1911; Préfet de Constantine to GGA, 13 June 1911; Ouyahia to Administrateur CM Barika, 7 July 1911; Arrêté du 8 décembre 1911.
their own categories of “Kabyle” and “Arab”, treating auxiliaires médicaux as standardised, easily interchangeable agents.104

The Limits of the Law

We saw in chapter two how physicians writing in the pages of the Bulletin medical de l’Algérie and the Algiers press were preoccupied above all with the illegality of auxiliaires médicaux, whom Pasteurian Paulin Trolard in particular portrayed as French-trained “quacks” who would swell the ranks of empirics in the countryside. The section above has demonstrated that administrateurs appeared more concerned than doctors to enforce severe discipline and clamp down on illegal practice. And so it is interesting to compare Algeirois anxieties about illegal practice, and administrateurs’ inflexibility, with the relative fatalism shown by médecins de colonisation towards alternative medical practitioners.105

This is not to say that rural physicians were unconcerned by competition from empirics, or that they were open-minded cultural relativists. Rather, they observed that illicit trading in remedies was as inevitable in Algeria as it was in France. “Illegal practice!” scoffed Dr Fournier, “That may be, but it is not there [with the auxiliaire] that we should look for it. You will find illegal practice in no matter which pharmacy you enter.”106 Dr Gros agreed: given that

105 Fatalism was usually a characteristic attributed to recalcitrant Algerian populations, who were thought to avoid state medicine because of their religious beliefs—and not because of the inadequacy of the services offered—and so I use the term with deliberate irony.
106 CANA TDS 0531, Questionnaire, Dr Fournier, Canrobert, Constantine, no date. “Exercice illégal ! Cela peut-être mais ce ne ’st pas là surtout qu’il faut le rechercher. Cet exercice illégal s’étale dans n’importe qu’elle officine
pharmacists regularly provided illicit consultations from behind their counters, he found it unsurprising that “Natives carry out freely and without oversight certain medical practices which are not always without danger for the patient.” If only the auxiliary were allowed to dispense “médicaments roumi” (European pharmaceuticals), thought Dr Cerviotti, “The result would be marvellous: the end of empirics! Whereas in France the cult of illegal medicine still reigns.”

Rural doctors were not only cognisant of unlicensed medical dealings, they also recognised that Europeans as well as Algerians were involved as both providers and recipients. Despite the official ban on auxiliaires médicaux treating Europeans, Europeans used infirmeries indigènes and could be quick to take advantage of the Algerian agent. Dr Clapier in Lavigerie/Djendel remarked that,

Even the French population has recourse to them in the absence of the doctor, and they [auxiliaires] sometimes have a great deal of trouble (those who have scruples) to avoid being called out.

Just a few days ago, I learned that my auxiliaire had prepared… a non-urgent bandage. He had been called out on the pretext that I was nowhere to be found. But that day I had not left the village, which I was showing to one of my colleagues who had come for a walk at the moment when the incident occurred.

\[\text{pharmaceutique où vous rentrez ; on ne s’y moque pas mal de la loi, empêcher cela est impossible.}^{107}\]


\[\text{Le résultat sera merveilleux: disparition des empiriques. Tandis qu’en France le culte de la médecine illégale règne toujours.” Emphasis in original.}^{108}\]

\[\text{The term “roumi” (rūmī) identifies the auxiliaire’s and the doctor’s medicine as coming from across the “sea of the Roum” (bahr ar-rūm, the Mediterranean). Historically “the Roum” were the Byzantines, but the term was applied to Europeans, who came from across the same body of water.}^{109}\]

\[\text{Il est impossible d’éviter qu’un auxiliaire médical fasse de la clientèle. La population française elle même a recours à eux pendant l’absence du médecin et ils ont parfois (eus qui ont des scrupules) beaucoup de peine à se défendre d’être appelés. / Il y a quelques jours à peine, j’ai appris que mon auxiliaire venait de faire (a son corps cependant, m’a-t-il affirmé) un pansement pas très urgent d’ailleurs. On l’avait appelé sous prétexte qu’on ne m’avait trouvé nulle part. Or ce jour-là je n’était pas sorti du village que je faisais visiter au moment où l’affaire s’est passée à un de mes confrères venu en promenade.”}^{109}\]
It is possible that Clapier was trying to make excuses for his own unavailability. But we can surmise a number of reasons why a European patient might cross the boundaries that were supposed to separate welfare for citizens from welfare for Muslims. The questionnaires imply that some Europeans enjoyed having a “little doctor” at their beck and call, or that families ineligible for indigent assistance pressured the auxiliaire médical for free treatment and medications. Others were attracted to the auxiliaire precisely because of his novelty and mystique: they assumed he must possess exotic knowledge and alternative therapies more adapted to the Algerian disease environment.

*Médecins de colonisation* were also aware that alternative forms of healing were bound to flourish since they had few resources to offer, and the villages they nominally served were spread over immense swaths of territory. Dr Iriquiera went so far as to suggest that there was little to distinguish the actions of the médecin de colonisation from the modus operandi of empirics under these conditions. It was not the auxiliaire médical who diminished the reputation of French medicine, but doctors themselves, who were required by the administration to offer their services in markets and on mountainsides. In almost half of Commune mixtes that offered free consultations, these services were held in a local market:110

These visits to the market with a medical therapeutic arsenal are, at the least, useless, except to a few syphilitics who come to collect some iodide; they are even damaging, as they can only discredit European medicine in the eyes of natives, when they see the little efficacy of the makeshift treatments we can offer them.111

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110 FR ANOM ALG GGA 14H/1. In 1904, free consultations were offered in 106 Communes de Pleine exercice and 21 Communes mixtes. Nine of the latter were held at markets, and in 2 cases consultations were offered in schools.

111 CANA TDS 0531, Questionnaire, Dr Iriquiera, 24 May 1911. “[C]ar ces visites sur les marchés, avec un arsenal thérapeutique medicale, sont au moins inutiles, sauf pour les quelques syphilitiques qui viennent y prendre de
In Dr Iriquiera’s view, the challenge posed by the empiric constituted a reason to allow auxiliaires médicaux more freedom, not less: if only this agent could be dispatched to douars forty-five kilometres away on drug-dispensing missions, then the doctor could be of use in the infirmary treating “real” patients, namely, settlers.

Several respondents to the questionnaire noted that the restrictions on auxiliaires’ movements and the law of 1892 were an obstacle to their own efforts in the countryside. The rationale behind the Service médical de colonisation was to appoint state-salaried doctors to regions where there were insufficient paying clientele to support a private physician. Such resource-poor areas, therefore, had little hope of maintaining a pharmacist as well, as the law required. For example, in 1914, the département of Constantine counted thirty-two médecins de colonisation, twenty-two of whom worked in districts without a pharmacist.112 Despite this, according to French law, doctors were not legally allowed to dispense medications. Edmond Fournier of Canrobert/Oum el-Bouaghi complained that, “Several judges have fined me for the illegal practice of pharmacy for having handed out for free in my practice a harmless solution of zinc sulphate; doing charity is apparently not permitted for a doctor.”113

These physicians’ accounts provide insights into how the discursive oppositions between rationality and superstition, physician and charlatan, were seen on the ground. Accounts from the

l’iodure ; elles sont même nuisibles, car elles ne peuvent que discrediter aux yeux des indigènes la médecine européenne, lorsqu’ils voient le peu d’efficacité des traitements que ces moyens de fortune nous permettent de peur appliquer.”
113 CANA TDS 0531, Letter E. Fournier to GGA, undated. “Je tiens à dire urbi et orbi qu’un juge, plusieurs juges, m’ont condamnées pour exercice illégal de la pharmacie pour avoir livrés sans aucune rétribution dans mon cabinet un collyre anodin au sulfate de zinc, faire la charité paraît-il n’est pas permis à un médecin.”
colonial centre in Algiers depicted a larger-than-life struggle between the forces of civilisation (doctors) and the forces of backwardness (saints and empirics). Likewise, a tradition of ethnological writing identified North Africans alone as the source of heterodox, illegal, and unscientific healing practices. In contrast, in the pages of the auxiliarat questionnaire, rural physicians engaged in a kind of self-assessment of their own rituals and treatments, born out of an awareness of the limits of their professional services.

The most positive endorsement of the auxiliaire médical came from the médecin de colonisation for Kalaa. “The auxiliaire médical, is he a native doctor?” asked Dr Cerviotti. He argued that the purpose of the auxiliaire had been misinterpreted by some of his European colleagues, and above all by doctors in the metropole. Moreover, he suspected hostility towards the institution of being racially motivated, as French-born military nurses were not accused of illegally practising medicine, even though they received no more—and perhaps a great deal less—training than auxiliaires médicaux. To Cerviotti, it was only by allowing the auxiliary to assume some airs that a worse situation could be avoided:

This is where the fight between the “little European doctor” (toubib serir [sic] roumi) or auxiliaire médical and the “Arab doctor” (toubib arabe) begins. The latter truly practices illegal medicine and generally kills his patient… However, [auxiliaires] distribute European (roumi) medicine. This illegal practice of medicine is less dangerous than that of toubibs arabes, empirics, who always kill their patients. As our medicines will be more effective, [patients] will gain confidence in us – it has already begun. It’s the end of empirics and Arab doctors.

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114 Émile Bertherand’s Médecine et hygiène des Arabes. Études sur l’exercice de la médecine et de la chirurgie chez les musulmans de l’Algérie, leurs connaissances en anatomie, histoire naturelle, pharmacie, médecine légale, etc., leurs conditions climatériques générales, leurs pratiques hygiéniques publiques et privées, leurs maladies, leurs traitements les plus usités (Paris: Germer Baillière, 1855) is a classic example of such a text. Further examples of colonial ethnographers attitudes to Algerian therapeutics can be found in George R. Trumbull IV, An Empire of Facts. Colonial Power, Cultural Knowledge, and Islam in Algeria, 1870-1914 (Cambridge: Cambridge University Press, 2009).

115 CANA TDS 0531, Letter Dr Cerviotti, 8 November 1910.
Native medical assistance will have taken a huge step forward and France has everything to gain.\textsuperscript{116}

Doctors lamented that they were burdened with correcting mistakes made by the architects of the \textit{auxiliatrat médical} in Algiers, and felt that they were inhibited from using their assistants by the prejudices of their city colleagues, and the hostility of \textit{administrateurs} in the \textit{Communes mixtes}. As Cerviotti pointed out, \textit{auxiliaires} were best placed to confront local healers as well as having the potential to relieve \textit{médecins de colonisation} from a multitude of onerous duties. The welfare of rural populations, the reputation of France, and above all, the \textit{médecin de colonisation} had everything to gain—all because of the \textit{auxiliaire médical}.

\textbf{Continuing Contradictions}

Recruitment to the auxiliary school was suspended in 1911 while the commission responsible for the questionnaires convened to discuss the responses and to decide the fate of the programme.\textsuperscript{117} Three members of the \textit{Commission de réorganisation des auxiliaires médicaux indigènes}—Aymes, Cange, and Rey—declared themselves outright partisans of suppressing the programme, while only one member, the Arab delegate for Miliana, Mohamed Ben Siam, argued for maintaining the status quo. The Commission concluded by opting to change the name “\textit{auxiliaire médical}” to “\textit{infirmier colonial}” (“colonial nurse”) by a vote of three to two, and to

\textsuperscript{116} CANA TDS 0531, Questionnaire, Dr Cerviotti, Kalaa, 9 May 1911. “C’est ici que commence la lutte entre le toubib serir roumi ou auxiliaire médical et le toubib arabe. Celui-ci exerce réellement la médecine illégale et tue généralement son malade… Ils distribueraient néanmoins des médicaments roumi. Cette illégalité de l’exercice de la médecine est moins dangereuse que celle des toubibs arabes, qui, empiriques, tuent toujours leurs malades. Comme nos médicaments seront plus efficaces, ils auront confiance en nous – ça commence – C’est la fin des empiriques et des toubibs arabes. L’assistance médicale indigène aura fait un pas-de-géant et la France aura tout à gagner.” Emphasis in original. Cerviotti had overheard his \textit{auxiliaire} described as the “little western doctor” or “little European doctor.”

\textsuperscript{117} Only the president of the commission, Curtillet, and the secretary, Soulié, were present at all three meetings of the Commission. CANA TDS 0531, “Commission de réorganisation des AMI. 2\textsuperscript{e} séance – 15 mai 1911.”
reorganise training on the basis of one year’s formal instruction, and a second year in a civil or military hospital of the colony.\textsuperscript{118} The President of the Commission, Dominique Luciani, decided this was not sufficient a majority to warrant changing the name, but did agree to a new programme of study as well as for the discipline of an  \textit{auxiliaire} to be placed firmly in the hands of his supervising physician.\textsuperscript{119}

The authors of the revised programme proclaimed that they had learned “the lessons of experience” furnished by  \textit{médecins de colonisation}, and proposed a strict division between the theoretical and practical aspects of auxiliary training.\textsuperscript{120} According to the reformed curriculum, pupils would spend the first year of study moving between morning lessons on the male wards of the \textit{Hôpital Mustapha Pacha}, and theoretical instruction at the newly recognized \textit{Faculté de Médecine} during the afternoons. In their second year, pupils would transfer to a hospital where they would spend four months on surgical rotation, two months in medicine, one month in ophthalmology, and a final month in venereology, an arrangement that more accurately reflected demands in clinics than the previous division of study outlined in chapter two.\textsuperscript{121} Although the format of training had changed, the final end was still to give  \textit{auxiliaires} technical competency in anaesthesia, vaccination, posology, accounting, record keeping, legal medicine, and interpreting services.

With the classroom component of the programme reduced by fifty per cent, one of the instructors had become superfluous. Yet rather than economising, the Administration hired three

\textsuperscript{118} CANA TDS 0531, Draft letter Luciani to Rector of École de Médecine, 3 August 1911.
\textsuperscript{119} CANA TDS 0531, Letter Luciani to Prefects, 3 August 1911. CANA TDS 0101. Letter Governor General to Prefects, 5 August 1911. “Il importe en effet que les  \textit{auxiliaires} médicaux soient entièrement dans la main des médecins de colonisation; les  \textit{administrateurs} doivent exercer sur eux un rôle de surveillance et non de direction.”
\textsuperscript{120} CANA TDS 0531, Henri Soulié, “Les Auxiliaires médicaux indigènes.”
\textsuperscript{121} CANA TDS 0531, “Reorganisation de l’Auxiliariat medical indigène.”
additional staff—Henri Soulié as director, and Louis Fuster and Louis Musso as instructors—while simultaneously dismissing Belkacem Bentami. The decision to appoint Soulié was not illogical. He had advocated for Algerian medical aides since at least 1900, and had been involved in every relevant committee meeting and faculty discussion since 1894. However, it is clear that his appointment was dictated by cronyism as well as common sense. Soulié had been informed that funding for his microbiological laboratory and sheep pens at the Faculté de Médecine would be cut at the end of the 1912, and was asked by the Sécraire général of the Gouvernement général to suggest a suitable form of compensation for the loss of an appointment he had held for nineteen years. Soulié was happy to recommend himself as instructor for the medical auxiliary programme, which under his directorship acquired the title École des auxiliaires médicaux indigènes. Moreover, he suggested that the two rooms which had been used for clavelising sheep be re-designated as study, storage and teaching rooms for the auxiliaire programme, effectively retaining intact his fiefdom at the Faculté de Médecine.

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122 Trenga was initially dismissed from his position, but afterwards reinstated. El Hakim, “L’Administration se venge par une iniquité,” Le Rachidi, 2 January 1914.
123 Soulié ran the Institut Pasteur’s ovine immunisation service, where he prepared lymph to inoculate all sheep for export against the highly infectious sheep pox. In April 1912 he asked for 50,000F to upgrade the equipment in his lab so that he could develop a vaccine based on research conducted by Bridre and Boquet. Instead, the Délégations financières voted to close Soulié’s lab from 1 January 1913, and to hand over the work of developing a vaccine to another service of the Institut Pasteur. Émile Roux in Paris and Albert Calmette in Tunisia intervened on Soulié’s behalf to request a research grant for parasitic diseases of arable crops; no credit was forthcoming for either project. CANA TDS 0101, Letter Roux to Governor General Lutaud, 6 August 1912. Soulié protested vigorously against this sudden loss of income and position for himself and his chief technician, Lamberton. Letter Soulié to Governor General, 22 July 1912. He met with the Secrétaire Général, and afterwards suggested that he be allowed to take on the work of training auxiliaires médicaux, see Note Léon Périer, 17 August 1912; Letter Henri Soulié to M. Fine, 24 August 1912.
124 CANA TDS 0101, Letter Henri Soulié to Mr Fine, 24 August 1912.
125 CANA TDS 0531, Letter Henri Soulié to Doyen of Faculté de Médecine, 27 June 1913.
Unlike Trenga, Bentami had been hired only on an adjunct basis and could be dismissed without redundancy compensation. The injustice of Bentami’s dismissal, however, did not go unnoticed by a journalist for the Franco-Muslim paper *Le Rachidi*, who noted that, “[The Administration] has driven Dr Bentami from the *auxiliaire médical* institution that was, in a manner of speaking, his project, in the service of which he has put the best of himself.” The journalist “El Hakim” (“sage”) declared that Bentami had been pushed aside because of his politics, as a form of “vengeance by the Administration against a man of energy and integrity who for long years has fought desperately to improve the miserable condition of his compatriots.” The content of official correspondence belies El Hakim’s claim that politics featured in the decision to dismiss Bentami. It does however provide evidence that administrative and school officials’ main priority was to protect Europeans’ jobs at all cost.

El Hakim sneered that Soulié—“this poor devil, this miserable figure”—had been granted yet another salary to add to his long list of sinecures, which included a professorship at the *Faculté de Médecine* (10,000F per annum), the positions of hospital consultant (1,000F p.a.) and physician to the Algiers girls’ *lycée* (1,800F p.a.), and his work and private clientele in Algiers and for the cathedral of the Sacred Heart. Such an income was beyond the wildest dreams of Bentami, who had served as *répetiteur* for the *auxiliaire* school with an annual salary of 2500F,
while seeing private clients and carrying out pro-bono work. The auxiliarat médical, “one of the most useful institutions in Algiers,” had been hijacked by cronyism and settler politics.

Despite these objections, Soulié proved to be a dedicated programme director. He won the loyalty of his pupils and stood between auxiliaires and their critics. His French origins, impeccable scientific pedigree, long-standing commitment to public health and medical education for Algerians, and close relationship with the dean of the faculty of medicine allowed him to serve as advocate far more effectively than a politically sensitive figure such as Bentami for the improvement of the programme and its resources.\(^{129}\)

As time would tell, hospital-based training was not without its problems. Its smooth functioning depended entirely on the good will of hospital staff, many of whom Soulié had to placate and cajole to accept his pupils. Some physicians formally refused to have an auxiliaire médical stagiaire on their service, while others received them coolly, an attitude which can hardly have helped to improve auxiliaires’ practical skills. A serious incident arose when a Muslim patient in his late teens died from cardiac arrest under anaesthesia administered by an auxiliaire médical. “All precautions had been taken to ward off an incident,” stated Soulié, attributing the death to the patient’s intolerance for anaesthetic, not to the actions of the auxiliaire, but nonetheless the father of the deceased tried to press legal charges. “This has created a current of ideas,” said Soulié, “far from conducive to facilitating our task.”\(^{130}\)

\(^{129}\) On taking up his post in 1913, for instance, he wrote to the dean asking for his support to purchase up-to-date equipment costing 1000F, in order to “teach [pupils] how to manipulate, assemble, clean and maintain it.” The wish list included two skeletons and anatomical models, the latest surgical instruments and materials, and wall charts depicting organ systems. CANA TDS 0531, Letter Soulié to Doyen of Faculté de médecine, 27 June 1913.

\(^{130}\) CANA TDS 0531, Letter Soulié, 7 December 1913.
In several instances, rejection presented itself under the form of cultural sensitivity. In 1911, advocates for the suppression of the auxiliarat had objected to the administration’s claims that the institution would attract Muslims to French services. Four doctors in particular had cited the alienation of female patients as an outcome of the auxiliary’s presence at their side, noting that women refused vaccination from this agent, that auxiliaires médicaux themselves were “ashamed” in the presence of other men’s wives and daughters, or were barred from entering homes with the doctor; one doctor even claimed to have dealt with a charge of attempted rape levied at his auxiliary.\textsuperscript{131} In 1913, Dr Gasser, head of surgery at the hospital of Oran, declined to accept auxiliaires in his service on the grounds that his operating theatre and bandage supplies were located in the female ward, which he and his aides were obliged to traverse several times each day. The surgeon feared that the presence of Muslim men in the vicinity of Muslim women would upset patients’ families and drive them away from the hospital.\textsuperscript{132} The so-called “Arabisation” of the space of the clinic was supposed to make state medical assistance accessible to Algerian Muslims, and yet did so in ways that could prove problematic, as both doctors and auxiliaires médicaux were only too well aware.

\textbf{L’Affaire Lussan}

With the reorientation of the auxiliaires’ training, the restatement of his role, and the removal of an instructor with alarming political tendencies,\textsuperscript{133} the dangers posed by the auxiliaire médical to settler authority seemed to have been neutralised. But within a year of Soulié taking

\begin{footnotesize}
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  \item[131] CANA TDS 0531. Difficulties with female patients were mentioned by Dr Clapier, Lavigerie, Algiers; Dr Margerid, Lafayette; Dr Bellan, Tiberguent, Constantine; Dr Meinard, Rébeval, Algiers; and Dr Savin Vaillant, La Meskiana, Constantine.
  \item[132] CANA TDS 0531, Letter Soulié, 7 December 1913.
  \item[133] Bentami’s political agenda is discussed in Chapter two.
\end{itemize}
\end{footnotesize}
up the reins of the programme, *auxiliaires médicaux* were causing controversy again. A scandal known as *l’Affaire Lussan* broke when the eponymous doctor gave his *auxiliaire médical* more freedom than some settlers were willing to allow. The following incident illustrates how the tensions that had necessitated the 1911 reforms were endemic to colonial society rather than merely an outcome of poor design.

Roger Lussan was the only doctor in Akbou, a settlement in the mountains of Kabylia that fell under the jurisdiction of the *département* of Constantine (now under the jurisdiction of the wilāya d’Alger). In fact, Lussan was the sole medical professional in the region with the exception of a single pharmacist. He had received his medical degree from the university of Bordeaux in 1898, and began his first appointment as *médecin de colonisation* in 1900 in Clauzel, moving to Taher on 1 December 1900, before transferring to Akbou on 27 February 1905 after an unspecified clash with the *administrateur* of Taher.134 The Akbou posting was a promotion, bringing with it an additional 5000F per annum in private patient fees.135 Lussan showed considerable dedication and use of initiative as a doctor in Akbou, but also the same maladroitness that had caused trouble for him with other Europeans in the past.

The *administrateur* of Akbou insisted that his hospital did not need the assistance of an *auxiliaire médical*,136 but nonetheless two were assigned to Lussan’s charge: Areski ben Messaoud Ouyahia (‘04) from 1906 to 1908, and Mohammed ben Cherif Benhalla (‘06) from 1908 onward.137 Lussan found the latter inadequately prepared but eager to apply himself, and

135 CANA DZ/AN/17E/2123, Letter Dr Paul Bouton to GGA, 20 August 1905.
136 CANA TDS 0531, Letter Administrateur Mérandon to Préfet de Constantine, 8 September 1905.
137 SAWA 3V 61, Ouyahia’s appointment began on 1 October 1906.
soon Benhalla had assumed numerable responsibilities essential to the smooth running of the hospital: preparing intricate bandages, keeping patient registers, doing pharmacy accounts, learning the trade of making up potions and medicines from the pharmacist, studying how to set fractured limbs and use the newest methods of disinfection, and even acting as anaesthetist during operations.138

Lussan took seriously the official prohibition against auxiliaires médicaux acting without supervision in the douars. Consequently, instead of sending Benhalla on arduous treks up the surrounding mountains to perform his weekly doctor’s consultations, as other doctors did—albeit illegally—Lussan placed Benhalla in sole charge of European and Algerian patients in the hospital while he himself performed the role of travelling doctor. This arrangement worked very well, and Benhalla even stepped in as locum pharmacist at the hospital.139 At this point the director of the hospital barred the auxiliaire from the building, giving rise to investigation by administrative authorities and the medical union of Algiers.140

As we saw in the 1911 questionnaires, other médecins de colonisation employed their auxiliaires médicaux in ways that contravened colonial decree. Was it merely a clash of personalities between the hospital director and Lussan, who did not see eye to eye over the activities of the auxiliaire médical, which transformed a private disagreement into a public scandal? In addition to seeking an explanation at the level of individual characters, we can also

138 CANA TDS 0531, Questionnaire, Dr Lussan, 30 April 1911.
139 The hospital in question, the “Shitar Aqedhim” (“old hospital”), was closed in February 2013 because it was no longer structurally sound, see Bejaia Aujourd’hui, 4 February 2013, http://bejaia-aujourdhui.com/2013/02/akbou-le-cabinet-du-medecin-generaliste-de-lhopital-transfere-a-guendouza/ consulted 15 August 2013.
140 This was a fledgling organisation with no teeth and only 52 members, founded on March 4, 1897. “Syndicat des Médecins du Département d’Alger. Assemblée générale du 31 janvier 1914,” Bull. med. Alg. (10 March 1914), 238-42, detail on 239. The Lussan Affair is described on page 234.
understand the hospital director’s actions in the context of local settler politics and land ownership.

Colonial Akbou was forged from 1874 onward, in the aftermath of the 1871 rebellion, when the most fertile lands were seized from the Illoua tribe by the military and handed over to the state to be leased or distributed to small-time settlers. A fluvial plain along the banks of the Oued Sahel—a major source of infection for seasonal fevers—became the *Commune de Plein exercice* in 1883, governed by a Maire and municipal council. The town served as home to small-time olive and vinegrowers, as well as employees of the *Compagnie de l’Est Algérien* railway and the local service industry (postmen, butchers, tradesmen), and a Catholic religious community, the *Pères blancs* (White Fathers). Its placement along the Oued Sahel was supposed to control the movement of Algerians and their wealth from the surrounding mountains. The rock-strewn mountains that rose up sharply from the river basin comprised the *Commune mixte* of Akbou, established in 1880, where rough tracks led to sparsely distributed but densely populated Kabyle villages clustered at their summits. These territories were ruled by a centrally appointed *administrateur*, Mérandon, but matters of local land purchase and use, *corvée* labour, and the financial management of the village were carried out by the community *djema’a* (general assembly of adult males), whose records (mostly in Arabic), survive in the regional archives of Constantine alongside those of the *conseil municipal* (municipal council).

141 A letter in the Archives de la Wilaya de Constantine suggests that the land seizures began in 1874. The *Commune mixte* was founded on 1 December 1880 and the *Commune de plein exercice* on 20 March 1883. SAWC 56 Akbou, Letter Directeur des Domaines to Préfet de Constantine 21 February 1901.
Correspondence from both bodies evokes an atmosphere of European defensiveness revolving preponderantly around two issues: market licenses and permission to sell land.\textsuperscript{142} The first was a matter of concern because communities in the vicinity of Ighil Ali, such as the Beni-Abbès tribe, sought to acquire official recognition of a market closed down by authorities because it was in competition with the European market in Tazmalt. They explained that the market had existed “since antiquity” and was essential to generate a living for the local population of some four thousand people, who had been forced to turn to transregional trade in order to survive following the seizure of their lands by the army several decades previously. The municipal council of Akbou consistently blocked the award of a license, objecting that it would divert trade and sales taxes away from the Commune de Pleine exercice of Akbou, without which the Maire feared the centre would be “fatally lost [to Europeans] and would end up by being abandoned completely to the natives.”\textsuperscript{143}

The second issue concerned the sale and purchase of land in the Commune mixte. Writing of the Commune mixte of La Calle, Christine Mussard has described the trend of Europeans withdrawing from Algerian centres de colonisation near the Tunisian border in order to make their fortunes in more enticing colonial economies.\textsuperscript{144} Sales receipts and djema ʿa decisions from the archives of the commune of Akbou indicate a similar trend. European small landowners were selling to Muslim buyers, not least the wealthy délégué arabe and Freemason Aly ben Chérif who was piecing together strips of land to add to his profitable oil and wine agri-business

\textsuperscript{142} SAWC Akbou 56, 59, 60, 61.
\textsuperscript{144} Christine Mussard, “Une ‘décolonisation’ par défaut?: Le cas de Lacroix, centre de colonisation de la commune mixte de La Calle (1920-1950),” \textit{French Colonial History} 13 (2012), 55-72.
portfolio.\textsuperscript{145} Cash-poor mountain dwellers found the ground shifting beneath their feet as groves of olives, figs, and vines passed out of the hands of small-scale settlers to agro-industrial interests, and Europeans in both the \textit{Commune de Plein exercice} and \textit{Commune mixte} perceived their environment to be tending steadily toward the “native.”\textsuperscript{146} In 1891, the quinquennial census for the \textit{Commune de pleine exercice} recorded a French population (citizens or naturalised) of 622 alongside 605 “Arabs, Kabyles and Mzabites.” Ten years later, the balance had shifted dramatically: there were 586 Europeans and 1834 \textit{indigènes} in Akbou, to say nothing of those in the surrounding \textit{Commune mixte}.\textsuperscript{147} We can surmise that Lussan’s actions were sensitive precisely because European settlers were leaving Akbou. For what could be a more clear sign of the region’s shifting fortunes than a \textit{auxiliare médical indigène} presuming to take responsibility for the hospital?

Lussan’s decision to leave his \textit{auxiliare médical} in charge of the hospital was rational from the point of view of providing increased medical coverage for the inhabitants of outlying villages, but it upset the hospital director, as it may have done settlers, who were unwilling to cede one inch—of revenue, land, or authority—to Arabs and Kabyles. Lussan tried to resolve the standoff by proposing—with the support of the President of the Algiers medical union—that Benhalla be given his own post out of the valley in Ighil Ali, where he could reach a population

\textsuperscript{145} Aly Ben Cherif ran a very successful olive-oil business on a large scale; his products had won prizes in Paris for their quality. The dealings of the Ben Cherif family are referenced by Henri Alleg in \textit{The Algerian Memoirs “Days of Hope and Combat} (Chicago: University of Chicago Press, 2013).

\textsuperscript{146} Following historians of Egyptian nationalism, we might call this the \textit{tajżir} or Algerianisation (cf. \textit{tamsīr}, or Misrification) of the colonial economy. See Gabriel Piterberg, “The Tropes of Stagnation and Awakening in Nationalist Historical Consciousness: The Egyptian Case,” in James Jankowski and Israel Gershoni (eds), \textit{Rethinking Nationalism in the Arab Middle East} (New York: Columbia University Press, 1997), 42-62.

of 10,000 Kabyles, but the Prefect of Constantine refused. The consequences for Lussan were short-lived, and the Algiers’ medical union even backed his Ighil Ali scheme. Nonetheless, the affair drew renewed attention to the auxiliarat médical: and reminded its enemies that the 1911 reform had done little to change their fundamental objections to the programme.

Conclusions

“The question of çof [or ṣaff, faction] is involved in everything,” wrote ethnographers Adolphe Hanoteau and Aristide Letourneux of late-nineteenth-century Algerian society in the mountains of Kabylia. “When it surfaces, it brings storms.”\(^{148}\) For French military and civilian administrators of Algeria, identifying and manipulating the political alliances that structured tribes and villages—the firqa among the Bedouin, saff among the Kabyles—was key to managing “native” society and ensuring French hegemony.\(^{149}\) For all the emphasis on Algerian factions in the work of ethnographic and political “experts,” this chapter has shown that factionalism was rife among settlers. Ṣaffs formed by European functionaries in Algeria’s Communes mixtes had important implications for how the auxiliaire médical carried out their work, whether within the infirmary or in the douars.

Auxiliaires médicaux in Algeria’s infirmeries indigènes found themselves at the bottom of mutually reinforcing hierarchies of professional rank, administrative authority, and juridical personal status. Control over the auxiliaire’s body—his physical movements, clinical role,

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gestures, and attitudes to his superiors—were a source of on-going disagreement and point-scoring among médecins de colonisation and administrateurs, and would continue to be so for decades to come. Yet, as the records from Communes mixtes and the questionnaire responses of médecins de colonisation reveal, the relationships that developed among doctors, their administrative counterparts, and auxiliaires médicaux were highly sensitive to individual ability, temperament, personal agendas, and local politics. Struggles which arose between, and among, these actors were not the inevitable consequence of official policy (which was often not communicated, or was poorly understood), but reflected the concern to assert moral authority and prestige locally within the colonial social hierarchy. Doctors were embroiled in village gossip and political “çofs,” and the médecin de colonisation and administrateur spent much of their time in futile opposition.

Doctors in Algiers saw auxiliaires médicaux as an affront to their financial security and professional purity. In contrast, médecins de colonisation welcomed their assistance but found them ill-prepared for the tasks that awaited them in the bled. Doctors used questionnaire responses as much to emphasise their own knowledge of medicine of the bled relative to city doctors and officials, and to score points against administrateurs, as to comment on the auxiliaires médicaux themselves.

151 CANA DZ/AN/17E/1050, Letter Dr Meinard, Président du Syndicat Professionnel des Médecins de Colonisation de l’Algérie, to Governor General, 3 April 1928, 6. Governor General Jonnart was said to have noted during one of his tours of inspection: “je constate avec regret que les fonctionnaires de l’intérieur passent le plus clair de leur temps en vaines discussions.”
Another insight we gain from this survey is that two years’ training was insufficient to produce medical assistants with standardised skills who could serve as effective, interchangeable agents of the colonial administration. As we learned in chapter two, new recruits were highly heterogeneous, both with respect to their natal origins, socioeconomic backgrounds, and their familiarity with the workings of the French state. These distinctions were only accentuated by disparities in individuals’ abilities and their experience of on-the-job training. Differences among these agents, in combination with the social background, personalities, and agendas of their superiors, gave rise to a striking degree of exception and difference: whether in the intellectual curiosity exhibited by Messaoud Aberkane, or the linguistic incomprehension experienced by Belkacem ben Ali Ouelaa.

The 1911 Commission was convoked in response to concerns that the auxiliaire médical was passing himself off as a ṭabīb and accepting payment for his services. The distribution of a questionnaire expressed the optimism that this problem could be corrected by reforms based on locally gathered information. In an ironic twist on colonial practice, it was European doctors who became the authorities’ “native informants”. However, the questionnaire’s respondents could not but fail to capture the full range of auxiliaires’ discourse and actions, most of which occurred out of their sight or in non-European languages. No doctor stood vigil in the infirmary, nor were his ears attuned to local dialects, and his assistant was often left to his own devices. Ultimately, local communities bestowed the title ṭabīb upon whom they chose, and imbued it with their own meaning. This was something to which doctors and administrateurs could only bow.
Chapter Four

Whose Illegal Medicine? Auxiliaires médicaux and the Politics of Survival in a Time of War and Typhus

In December 1923, Mohamed ben Salah Adjouati took the floor of the chamber of the Délégations financières algériennes to deliver a petition on behalf of Algeria’s ninety-one auxiliaires médicaux.\(^1\) The auxiliary corps requested a salary increase, more frequent promotions, and benefits congruent with those received by instituteurs indigènes (“native” teachers).\(^2\) Adjouati also presented a brief history of the institution which ended with an account of its members’ heroism during the Great War of 1914-1918, and their steadfastness in

\(^1\) Adjouati’s peers elected him first president of the Association amicale des auxiliaires médicaux de l’Algérie. The 1923 report of his speech provides the earliest instance of the goals of the society and rhetorical strategies of its leadership. Centre des archives nationales d’Algérie, Birkhadem, Algeria (CANA) DZ/AN/17E/2013, Mohamed ben Salah Adjouati, “Les Auxiliaires médicaux indigènes. Rapport présenté à la session des Délégations financières du mois de Décembre 1923 (Algiers: Imprimerie administrative Emile Pfister, 1923), 15pp. I have been unable to locate records for the creation of the Association, which according to the terms of the loi du 1 juillet 1901 relative au contrat d’association ought to have been registered at the préfecture, probably in Algiers. However, I feel confident suggesting 1923 as a start date. Auxiliaires médicaux only begin to refer to themselves as members of the association in correspondence dating from 1923. To form the association, auxiliaires médicaux would have had to be together in Algiers; it is unlikely that they would have been given permission to gather thus during the typhus epidemic that continued until 1922, given their responsibilities in the douars.

\(^2\) In 1904, instituteurs indigènes and auxiliaires médicaux received the same starting salary, but auxiliaires enjoyed more substantial pay rises with promotion every six years. This situation reversed with the adoption of the loi Clemenceau du 4 février 1919, which granted limited political concessions to Algerian Muslims, including wider participation in local political life, and fewer restrictions on civil service jobs. Until the Clemenceau law, distinctions between French and indigène teachers had been maintained by separate salary scales for citizens and “sujets Musulmans”, who could never rise beyond the rank of a French trainee, regardless of seniority. On 2 September 1920, the Martin Commission decided that “[A]rticle 14 [of the law of 4 February 1919] stipulates that native Muslim non-citizens are given the same status as French citizens if they meet the same conditions of suitability for public office or employment. According to this principle, we have allowed for only one salary scale for teachers in Algeria.” Additional reforms from 1920 to 1924 further assimilated the Algerian Muslim contingent to their European colleagues. In contrast, there was no option to provide auxiliaires médicaux indigènes the same status as a European homologue: in this time period, there was no such thing as a European auxiliaire médical. See CANA GGA DSP 078/Réglementation et ancienne réglementation, Letter Adjouati to GG, 28 September 1927; CANA TDS 0531. References to Fanny Colonna, Instituteurs algériens (1883-1939) (Algiers: Presses de la Fondation Nationale des Sciences Politiques, 1975) 43, 206.
“substituting as far as possible for their absent *chef* when *médecins de colonisation* had been mobilised into military service. In one anecdote, almost certainly autobiographical, Adjouati enthused how,

They particularly distinguished themselves during the [typhus] epidemics of recent years, and our memories remain vivid of the moving terms in which a military doctor in the South presented one of these agents to the *Gouverneur général*: “This man is my brother,” said the practitioner to the eminent chief of the colony, “He has not left my side for an instant since the beginning of the epidemic”.

Adjouati’s speech marks the rise of the autonomous agency of the Algerian *auxiliaire médical*, the subject of this chapter. Adjouati was astute to tie the *auxiliaire médical*’s function back to the figure of the physician (his “substitute” or “brother”), rather than referring to this agent as an independent actor in his own right, since European delegates had many times voiced concerns about keeping *auxiliaires médicaux* in their place. Adjouati’s image of the *auxiliaire médical* was also carefully edited to avoid any suggestion of the more fraught relationships that these figures had with colonial authorities and with physicians. His tact notwithstanding, greater visibility and individualisation of auxiliaries in prefectoral records, and the evidence of personnel files in particular, makes clear that exigencies of war drew trumped the professional and

4 “Ils se sont particulièrement distingués lors des épidémies de ces dernières années et nous avons encore présente à la mémoire l’émouvante présentation d’un de ces agents à Monsieur le Gouverneur général, par un médecin militaire du Sud : ‘Celui-ci est mon frère, a dit le praticien à l’éminent Chef de la Colonie, il ne m’a pas quitté un seul instant depuis le début de l’épidémie’.” Ibid., 13.
5 Many of these debates were initiated by Georges Benoît, the delegate for l’Arba, a doctor and *rapporteur du budget* for the *assistance publique* from 1909 to 1914, and again in 1918. GGA, *Délégations financières algériennes* (Algiers: Imprimerie officielle, 1899), see for example, 1905, 1911, and 1914. Jacques Bouveresse's account of the Délégations is an invaluable guide to these records. See Jacques Bouveresse, *Un parlement colonial: les délégations financières algériennes, 1898-1945* 2 vols (Mont-Saint-Aignan: Publications des Universités de Rouen et du Havre, 2008 and 2010).
administrative concerns described in chapters two and three. “Illegal medicine” was simply too useful for the army and for local government to do otherwise.

This chapter begins by considering the impact of mobilisation on *auxiliaires médicaux*—both those conscripted or who volunteered, and those who “stayed behind” in *Communes mixtes*. The middle sections of the chapter illustrate how *auxiliaires médicaux* struggled to survive as heads of household, and how hardships in theatres of war gave rise to individual grievances and new collective expectations. The chapter concludes with the first in-depth historical treatment of the food shortages and typhus epidemics that followed the war.

To construct a composite picture of medical assistance and the *auxiliaire médical* in this period, I have woven together documents from many different sources. Among the most compelling sources of evidence are fragmentary war service records and personnel files, since they transform the enigmatic figures of earlier chapters into real men, with problems and complaints, families and personalities. These have been patched together from the *wilāya* archives of Algiers and Constantine, the CANA and the records of *Communes mixtes* at the ANOM. They are not in any way comprehensive and do not allow for prosopographical analysis. The main methodology employed can be characterised as archival serendipity, rather than any form of “sampling.” Nonetheless, by bringing together sources from the local level with documents that consider the war, famine, and disease from a distance, I render the life histories of members of a discrete social group in as much detail as possible, while enriching our limited understanding of what rural communities endured during this period.

**Serving “Under the Flag”**

Within weeks of Germany’s declaration of war on 3 August 1914, the Algerian countryside saw the hasty and ill-planned deployment of physicians to serve in medical units at
the Front, in the military hospitals of the colony or the reserves, and as intendants in Algerian prisoner of war camps. The auxiliaire médical corps was also affected by mobilisation. During the years 1914 to 1918, cohorts at the École des Auxiliaires médicaux remained at pre-war levels, with an intake of nine or ten students each year. However, it is clear that conscription interrupted educational opportunities, particularly for the generation who came of age in 1917, when conscription was at its peak. For instance, the concours (entrance examination) attracted thirty-eight applicants in 1915, thirty-seven in 1916, but only twenty-two in 1917. Of the 1917 cohort, six out of ten students admitted to the programme were called up to fight. Henri Soulié, Directeur d’études, adopted a very favourable view of military service, arranging for soldier-students to take a leave of absence from their studies, and authorising hardship funds for the families of auxiliaires médicaux who served “under the flag.”

Approximately one in four auxiliaires médicaux see to have served in theatres of conflict as far afield as France, Egypt and the Arabian Peninsula, a ratio comparable to that for

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6 Compulsory conscription for Muslim males was introduced in 1912, but the contingent was only selectively levied until decrees of 7 and 14 September 1916 authorised conscription to be carried out in full for the class of 1917; see Gilbert Meynier, “Les Algériens et la guerre de 1914-1918,” in Abderrahmane Bouchène, Jean-Pierre Peyroulou, Ouanassa Siari Tengour, and Sylvie Thénault (eds), Histoire de l’Algérie à la période coloniale, 1830-1962 (Algiers: Éditions Barzakh, 2012), 229-234. France was particularly glad of its North African “reservoir” of men following the mutiny of 1917. See Leonard V. Smith, Between Mutiny and Obedience: the Case of the French Fifth Infantry Division during World War I (Princeton: Princeton University Press, 1994).

7 CANA TDS 0101, Letter Henri Soulié to GG, July 2, 1918.


the male “Muslim” population as a whole. At least seven of this number volunteered to go to war. Mustapha Kara ('14) and Abdelmadjid Keroughlane ('06) wrote to the Prefect of Constantine within a week of the German declaration of hostilities towards France, asking to be released from their responsibilities in the Service médical de colonisation in order to serve as paramedics to Muslims in the French army. Gouverneur général Charles Lutaud (1911-18) welcomed their enthusiasm, and in November 1914 urged other auxiliaires médicaux to sign up to treat the wounded in France.

Kara and Keroughlane were inspired by a personal piety which was also a demonstration of solidarity with their coreligionists, since they asked to be permitted to care for Muslim wounded, and presumably to perform obsequies for the dead. What moved their colleagues to volunteer, however, is not evident. Although we cannot discount genuine feelings of duty, a desire for adventure or to follow in the footsteps of a male relative, or other motives, there were obvious financial incentives to volunteering. Qualified auxiliaires médicaux who went to war

10 John Ruedy estimates that no less than one-third of the Algerian adult male population aged between 20 and 40 passed through France during the conflict as soldiers or labourers, and he estimates the combined number of recruits and volunteers for the military and French munitions factories at 206,000 and 129,000 men respectively. John Ruedy, Modern Algeria. The Origins and Development of a Nation (Bloomington: Indiana University Press, 1992), 111. Meynier proposes the slightly lower figures of 172,019 soldiers and 120,000 labourers, Meynier, “Les Algériens et la guerre de 1914-1919,” 230-232.
11 Kara was a newly qualified auxiliaire médical and had been in his post at El Milia, the northernmost district in the sub-prefecture of Constantine, for barely five months. “Auxiliaires médicaux indigènes,” Bull. méd. Alg. 25, no. 5 (10 March 1914), 228.
12 Abdelmadjid Keroughlane was an older man, a graduate of the first auxiliaire cohort. He had functioned as auxiliaire médical and justice of the Tribunal réfressif to the commune mixte of Jemmapes near the coastal city of Philippeville/Skikda for eight and five years respectively, and had further distinguished himself with the colonial administration during a 1911-12 cholera mission along the border with Tunisia. Data drawn from Jeanne and André Brochier, Le Livre d’or de l’Algérie. Dictionnaire des personnalités passées et contemporaines (Algiers: Baconnier frères, 1937), 180.
13 CANA TDS 0531, Prefecture de Constantine, Cabinet du Préfet to GG, 14 August 1914.
15 CANA TDS 0531. For example, Ahmed Nourredine, who was conscripted in 1917, requested that he be allowed to retain his scholarship upon his return from active duty.
were entitled to both a military allowance and their regular service pay. In 1916, the *Gouverneur général* authorised the appointment of auxiliaries who had been mobilised but were not even physically present in Algeria, which subsequently made them eligible for both sources of income.\(^{16}\) Auxiliary trainees were cognisant of this benefit: for example, Ahmed ben Arezki Kezzoul (’15) waited until his appointment in 1917 before volunteering, so as to ensure that his family would be eligible to collect both his civil service and military pay.\(^{17}\)

*Auxiliaires médicaux* saw the army medical corps as the proper outlet for their talents and training. But as the following three cases show, the nature of an *auxiliaire’s* duty assignment was highly variable. In our first example, Driss Boucherid (’13) volunteered and was given the duties of chief military medic to a battalion of *spahis* in the Hedjaz, where he operated what Henri Soulié described as an *infermerie indigène* (“native” infirmary).\(^{18}\) Commandant Catroux, the French head of mission in Egypt, awarded Boucherid a citation for “His courage, his *sang froid*, and his devotion during the 25 months of operations of Emirs Abdallah and Ali, in Arabia.” Boucherid apparently acted as “an excellent agent of French propaganda” amongst Arab and British soldiers in the Hejaz: “Carrying out the duties of chief doctor of a divisional ambulance, [he] never hesitated to take himself up to the front lines to treat the wounded there. By his technical worth as much as his valour, [he] contributed to greatly elevating the reputation and

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\(^{16}\) CANA TDS 0101. An *arrêté* appointing Mohamed Zerkine and Driss Boucherid to La Medjana and La Tarf on 6 April 1916 was followed up by a note from the Prefect of Algiers indicating that both men had been mobilised and were unable to take up their jobs.

\(^{17}\) CANA TDS 0101, Letter Ahmed Kezzoul to GGA, 10 July 1917; Letter Directeur de la Médersa d’Alger to GG, *Direction des Affaires indigènes*, 15 July 1917.

\(^{18}\) The part played by Algerians in the military engagements against Ottoman forces in the Hedjaz is little known and has not yet been the subject of historical study. See the first-person accounts of Édouard Brémond, *Le Hedjaz dans la Guerre Mondiale* (Paris: Payot, 1931) and that of his British counterpart Thomas Edward Lawrence, *The Seven Pillars of Wisdom; a Triumph* (London: M. Pike and J. Hodgson, 1926), Chapter 36.
prestige of our North African cadres. Boucherid was decorated for assuming leadership responsibilities and providing medical care to the standard of a head physician, as well as for elevating the public image of Muslim French subjects—and by extension French colonialism—among the family of Sharif Hussain.

Our second example, Belkacem ben Hadj Mohammed Hili (’05), received a conscription notice on 2 August 1914, the day before Germany declared war on France. Hili had become a citizen in 1910, and so was assigned to duties with the Zouaves, an infantry unit for Algerians of European heritage. In total, he would serve in the French army for thirty-six months, two-thirds of which were spent at the frontline in Northern Europe. Hili made three requests to the Direction de Santé to obtain a transfer to a medical unit, but, as he explained, “My requests had no effect, and I was obliged, me a auxiliaire médical, to carry out my service with the Zouaves.” The French military was under no obligation to recognise auxiliaries médicaux—who held no


21 We can imagine that an educated, cultured Muslim was an easy target for bullying by the settlers in the Zouaves. An Algerian who deserted the French army and became a propagandist for the Ottoman Empire, Lieutenant Boukaboya described the Zouaves as “an army of neo-French-cosmopolitan-arabophobe sneaks [mouchards]” in his indictment of the French military’s treatment of Muslims, L’Islam dans l’Armée française. Lieutenant “el-Hadj Abdallah,” L’Islam dans l’Armée française (Lausanne: Librairie Nouvelle de Lausanne, 1917). Boukaboya spoke of the prejudices and taunts of the officer class towards literate soldiers. A retort, al-Qawl al-nāṣih fi mujādalat al-mā in al-kāshīh, was swiftly issued under the names of al-Muqrāni ibn Aḥmad al-Wānūghī Bū Māzraq and Abderrahmān ben Omar Katrandji.
diploma—as medically trained, even though the Service de Santé was chronically understaffed.22
For surviving the Somme, one of the bloodiest confrontations of the Western Front, the young
man received a commission as a corporal, but as he recalled, the promotion came “in spite of the
ill will, the indifference, and the disdain of certain Military Chiefs for French citizens of Arab or
Kabyle origin.”23 On his return from the Front, Hili would insist that he tended to the sick
“without discrimination of race or religion.”24 In serving his adoptive patrie alongside settlers
from Algeria, the Frenchman was reminded that distinctions of race and religion mattered a great
deal.

A third figure for whom service records are available, Arezki ben Messaoud Ouyahia
(’04), was also a citizen, but was able to avoid Hili’s situation because of patronage networks.
His first posting as an auxiliaire had taken him to Port-Say/Chayeb Rassou in the militarised
zone of Marnia/Maghnia along the Moroccan border, where Ouyahia was given sole charge of an
infirmary as part of medical action intended to bring subjects of the Moroccan Sultan under

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22 Henri Soulié mentions the shortage of military medics in CANA TDS 0101, Note Henri Soulié, 22 July 1917. Hili
was not the only auxiliaire médical refused an assignment to a medical unit. Messaoud ben Areski Aberkane (’06)
left the auxiliarat médical under a cloud (see chapter three) and enlisted. He appealed twice to the Sous-Secrétaire
d’Etat du Service de Santé and was told there was no post for him; in Paris he was turned away from civilian
hospitals, where only French citizens were employed; and the French and American branches of the Red Cross in
Algiers employed their own nurses only. Aberkane ended up working in a Renault munitions factory.
23 Service des Archives de la Wilāya d’Alger (SAWA) 3V61. Letter Hili to Dr Franchi, médecin chef hôpital
militaire, Orléansville, undated. “Durant 3 années de service militaire, ma conduite et mon activité ont été signés
d’éloges. Je fus nommé caporal à Faverolles (Somme) malgré le mauvais esprit, l’indifférence et le dédain que
certains Chefs Militaires ont pour le citoyen français d’origine arabe ou Kabyle. J’ai fait 3 demandes à la direction
de santé pour obtenir mon affectation dans une formation sanitaire, mes demandes demeurèrent tous sans résultats,
et je fus obligé, moi auxiliaire médical, d’accomplir mon service aux zouaves.” Racism within the officer corps is
discussed by Richard S. Fogarty, Race and War in France: Colonial Subjects in the French Army, 1914-1918
(Baltimore: Johns Hopkins University, 2008), chapter 3.
24 SAWA 3V61, Letter Hili to Dr Franchi, Hôpital militaire d’Orléansville, undated, “J’exerce les fonctions d’AM
depuis 1907, j’ai toujours assuré mon service avec zèle et dévouement. Depuis 12 ans de fonction, je ne cesse de
déployer toute l’activité et toute l’énergie qu’un homme consciencieux et humain peut donner. Je soigne les malades
sans distinction de race ou de religion avec beaucoup de tact et de dévouement.”
French influence. Subsequently Ouyahia moved to Akbou in his home region of Constantine, but he returned to Maghnia to carry out his military service in 1912 with the Second *Tirailleurs algériens*, a Muslim infantry unit. When he received his conscription notice in 1914, he left the Second *Tirailleurs* with a recommendation from a medical officer, and was posted to a first aid unit. Ouyahia received a citation from General Mordrelle for showing “great sang froid and great devotion during the course of bombardment of the surgical group.” He was subsequently captured and spent twenty-six months in a prisoner of war camp in Zossen. On his release, he immediately volunteered, and was finally demobilised on August 18, 1919. Ouyahia was among the one-per cent of men in his division to receive the Croix de Guerre.

Ouyahia plausibly escaped Hili’s fate in the rank and file of the infantry because of his background with the Second *Tirailleurs* in Maghnia. Biographical elements found in the archives suggest that *auxiliaires médicaux* who were citizens were assigned to the trenches with the rank and file, whereas non-citizens and those who volunteered were more likely to be placed in medical units, where they flourished under the responsibility which was delegated to them.

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25 FR ANOM ALG GGA 30H/6, “Titre General : Service médical. Titre Spécial : Création d’infirmeries indigènes dans le cercle de Marnia” notes that Ouyahia was assigned to Port Say on 25 April 1907.
26 CANA TDS 0438, Letter Médecin de l’II, 19e Corps d’Armée, Division d’Oran, Place de Marnia, 20 November 1914.
27 CANA TDS 0438, Ordre général no. 435. Citation à l’ordre de la 2e Division d’infanterie coloniale. Ouyahia Arezki, caporal de la section des infirmiers coloniaux, 29 June 1918. “A servi dans une arme combattante au début de la guerre ; fut fait prisonnier ; a montré au cours du bombardement du groupe chirurgical, un grand sang froid et un grand dévouement.”
28 CANA TDS 0438, Letter Ouyahia to GGA, 13 March 1918; SAWA 3V61 Feuille signalétique, signed Dr Merriard, 23 December 1921.
29 I have been unable to locate full service records for all *auxiliaires médicaux*.
30 CANA TDS 0101, Note Henri Soulié, 22 July 1917. These include Mohamed ben Alloua Zerkine (’13), discussed below, and el-Hoceine Nacer, who was deployed to the military hospital Maillot in Oran, and achieved first place among his peers in the “Caducée” exam.
Map created by author using Harvard World Map. Colonial-era place names and territorial boundaries (from 1956) overlaid onto Google Earth (visible to right). N.B. The circumscription of Arris in the Aurès (lower middle section of map) had no doctor or medical auxiliary at the time. Nine doctors of colonisation remained in service: 2 exempted because of age, 2 injured or disabled, 4 were discharged, and 1 was in the reserves.

**Standing in for Authority**

*Auxiliaires médicaux* who went to theatres of war were not alone in enlarging their field of practice. The mobilisation of Algeria’s doctors and *auxiliaires médicaux* resulted in the de-medicalisation of the colony, with repercussions for medical practice and sanitary conditions, as well as the machinery of civilian government. “In [the city of] Constantine, the number of
doctors is insufficient, and the native population in particular—Arab and Jewish—is almost
deprived of medical care since the departure of the doctors who routinely visited them,” insisted
the private Jewish practitioner Dr Attal to the Prefect of Constantine in the spring of 1915.\footnote{31}

Outside urban centres, the medical situation was even more urgent. For instance, the
de\textit{partement} of Constantine covered a surface area the size of Portugal. A total of 106 private
and communal physicians and \textit{médecins de colonisation} worked during peacetime, compared
with at least 190 and 111 in the \textit{départements} of Algiers and Oran respectively.\footnote{32} By the winter
of 1914, only forty-two doctors—many elderly or ill themselves—remained in the \textit{département}
(Figure 4.1).\footnote{33} In the \textit{département} of Oran, so many doctors were called up that, for a time, the
communes of the interior were altogether stripped of licensed physicians;\footnote{34} the situation was
probably similar in Algiers.

\footnote{31} FR ANOM ALG/CONST B3/430 1915/2e sem, Letter Dr Attal to Préfet de Constantine, 23 March 1915. Attal
asked the Préfet de Constantine to intercede with the Inspecteur général du Service de Santé de l’Armée de l’Afrique
du Nord, in order to arrange Attal’s release from his post at the military hospital in Biskra where he had very little
work with which to occupy himself. Attal concluded his letter with an unsubtle rebuke: “I would like to believe that
the military authority would not wish to show any less solicitude to [the native population] than it does to German
prisoners.”

\footnote{32} Although pre-war Constantine was under-medicalised in terms of the number of physicians per capita, as
compared with Algiers and Oran it had the highest number of \textit{médecins de colonisation}, meaning that most \textit{centres
de colonisation} in the \textit{département} were considered too poor to support the livelihoods of pharmacists and private
practitioners. CANA CK 079, \textit{Statistique du personnel médical et pharmaceutique de France et d’Algérie, année
Santé, Pharmaciens, Sages-Femmes, Dentistes et Vétérinaires exerçant dans le département de Constantine au 1er
janvier 1914,” 10 February 1914.

\footnote{33} FR ANOM ALG CONST B3/430. In total, by the end of the year, seventeen of twenty-one doctors had been
mobilized from the sub-prefecture of Bône/Annâba, the worst affected district. In the other districts of the
\textit{département}, four of eleven physicians had been mobilized from Batna; seven of ten in Bougie/Bejaïa; sixteen
twenty-seven from Constantine; five of eight in Guelma; five of eight in Philippeville/Skïkda; and ten out of twenty-
one in Sétif/Sṭīf.

\footnote{34} CANA TDS 0531, Letter Sous-Préfet Mostaganem to Préfet d’Alger, 21 April 1915. “Depuis le commencement
de la guerre, en effet, beaucoup de médecins ont été mobilisés et à une certaine époque presque tous les cantons de
l’intérieur ont été dépourvues de praticiens diplômés.”
Free consultations in infirmaries and medical rounds were suspended. Maires and administrators dispatched urgent telegrams to the central authorities concerning the sanitary situation in their communes. They were concerned not only by unusually high levels of morbidity, but also rising bills due to increased hospital admissions: “Our free consultations and dispensary service,” noted the Maire of Robertville in 1915, “with which we had achieved remarkable results in terms of the number of natives treated and the economy, not only the costs of hospitalization, is suspended.” He went on to say,

There are many native and even European poor in my commune, and so I am assailed every day by the sick demanding either the doctor or a ticket for entry to the hospital. Unable to satisfy their legitimate request for the doctor and unwilling to hand out hospital admission except in serious cases, which one needs an understanding of science to recognize, the sick that have the means go off to the town to consult a doctor, who at their request simply admits them for treatment at the hospital, causing my communal budget to bear extremely high costs.

Petitions and complaints (shikāyāt) attest that local communities also demanded the return of doctors. Read alongside the more voluminous correspondence of officials, these

35 FR ANOM ALG/CONST B/3/430. These communications include, *inter alia*, Telegram, Maire Canrobert to Préfet de Constantine, 11 August 1914; Letter Directeur, Hôpital civil de Bougie to Préfet de Constantine, 24 August 1914; Letter Maire de Randon to Préfet de Constantine, 6 September 1914; Telegram Maire de Penthèvre to Préfet de Constantine, 7 September 1914; Telegram Maire Nechmeya to Sous-Préfet Bône, undated; Telegram Administrateur CM La Calle to Sub-Préfet Bône, 6 November 1914; Letter Maire CPE Mondovi to Préfet de Constantine, 9 November 1914. FR ANOM ALG CONST B3/452, Letter Maire Oued-Zenati to Préfet de Constantine, 28 December 1914. “L’état sanitaire de ma commune devient de moins en moins satisfaisant et le nombre de malades gravement atteints, surtout parmi la population indigène, augment de jour en jour. Le nombre des décès au 15 Decembre 1914 s’est élevé à 290, à la même époque, cette année, il s’élève à 373, d’où une différence en plus de 83 décès.”

36 FR ANOM ALG/CONST B3/430, Letter Maire Robertville to Sous-Préfet, Philippeville, 9 September 1915. “Notre service des consultations gratuites avec délivrance de médicaments dont on n’avait pu apprécier les remarquables résultats au point de vue du nombre d’indigènes soignés et de l’économie, que forcement sur les frais d’hospitalisation, se trouve suspendu. / Les indigènes indigents sont nombreux dans ma commune, et même les Européens, ainsi sui-je assailli tous les jours par des malades me demandant ou le médecin ou un billet d’entrée à l’hôpital. Ne pouvant satisfaire à leur [2] légítime demande du médecin et ne pouvant non plus délivrer des admissions à l’hôpital sans un cas bien grave, qu’il faut être accord à science de pouvoir reconnaitre, ceux de ces malades qui ont les moyens, s’en vont à la ville voisine consulter un médecin, qui sur leur demande et sans difficulté les [?] en traitement à l’hôpital, d’où les frais très élevés à supporter pour mon budget Communal.”
documents give insight into the expectations generated by new forms of state medicine introduced before the war. Specifically, they point to an emerging social consensus that held the state responsible for ensuring the functioning of the rural economy by appointing a doctor to diagnose diseases and supply therapeutics such as quinine.  

Muslim residents of La Méskiana petitioned for “a doctor in the circonscription as there was in the past” (Figure 4.2), explaining that “Illness has befallen our area and the place is known for its diseases during the hot season and quinine is useless.” Quinine and the services of a doctor were essential to avoid disruption to farm labour “during the season of high temperatures, and later when ploughing during the rainy season,” petitioned some 161 signatories in Arabic, Hebrew, and Latin scripts from the Commune mixte of Châteaudun-du-Rhumel/ Chelgoum Laïd. But the signatories to these petitions were also husbands and wives, father and mothers, many of whose children had died in early infancy. Landowners and labourers, mothers and children: all had need of the expertise of a doctor.

Auxiliaires médicaux continued to support doctors who were still at their infirmary posts. They staffed twenty-five out of thirty-three infirmaries in the département of Constantine in the  

37 André Nouschi gives a brief indication of concerns about public health in 1917 in his Enquête sur le niveau de vie des populations rurales constantinoises de la conquête jusqu’en 1919 (Paris: Presses Universitaires de France, 1961), 711. The paragraph in question is based on reports of the Chambre d’agriculture de Constantine and the newspaper Dépêche de Constantine, and thus represents public officials’ implicit concern for the economy.
38 FR ANOM ALG CONST B3/452, shikāya, inhabitants of La Méskiana, 29 July 1917. “nuṭlub min karīm faḍlīk an yakūn linā ṭābīb dākhil al-balada mithl al-qādim ikūn tuwaffī al-marz fī al-balada ʿaindīnā wa al-balada maʿ ārūfa bī-l-marz fī waqt al-harr wa al-kīnā lam tunfī.”
39 FR ANOM ALG CONST B3/430, Petition, inhabitants of Châteaudun-du-Rhumel, undated, probably written first week in September 1915. “Considérant qu’il importe, en conséquence d’assurer le service sanitaire d’une si nombreuse population dépourvue de tout secours médical au moment des travaux agricoles, pendant la saison des grosses chaleurs et plus tard au moment des labours, pendant la saison des pluies.”
40 For detailed treatment of these petitions, see Hannah-Louise Clark, “Medicalization from Below: Communities in Crisis and the Role of Shikāyāt [complaints] in Wartime Algeria, 1914-1918” and “Medicalisation ‘par en bas’: communautés en crise et shikāyāt populaires en Algérie en temps de guerre, 1914-1918,” working papers.
Figure 4.2. Shikāya meskiānī, 29 July 1917

One of two pages. The French text (on the right) is not a verbatim translation of the original complaint (on the left). Source: FR ANOM ALG CONST B/3/430.
Their local knowledge was invaluable to temporary doctors unfamiliar with the terrain and the particular needs of the local populace. Since these doctors frequently assumed responsibility for two circonscriptions, auxiliaries provided an important supplement to their efforts, particularly for older men brought out of retirement, who did not have “the same endurance and same physical aptitudes” as the doctors they replaced. The requisitioning of horses and mules for the war effort made travel outside centres de colonisation extremely difficult. For example, the Muslim inhabitants of Bordj-bou-Arreridj complained in April 1917 that the town was “virtually lacking a doctor” since the temporary doctor Mohammed Haddou would not attend them. The administrateur revealed that Dr Haddou had too much work and no transportation—which mitigates to some degree the accusation of “slowness, negligence, lack of activity, ill will, rudeness and pride” levelled against him by populations outside the town centre.

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41 FR ANOM ALG CONST B/3/430, “Infirmeries Indigènes du Département”
42 It is interesting to note that Calmette’s directive to draw on the territorials and reserves seems to have provided opportunities for Muslim physicians in private practice, among them doctors Abdellkader Smati and Mohamed ben Touhami Méridi. See FR ANOM ALG CONST B/3/430 Novembre-Décembre 1914, “Liste nominative des médecins communaux du département de Constantine; Liste des autres médecins se trouvant dans les Communes du département et non appelés sous les drapeaux; Infirmeries indigènes,” and Procès-verbaux d’installation for SMATI Abdelkader, Commune mixte de l’Aurès, 9 August 1916.
43 FR ANOM ALG CONST B/3/452, Letter Directeur de l’Intérieur to Préfet de Constantine, 6 August 1917. See also Letter Préfet de Constantine to GG 20 July 1917, “Il me paraîtrait difficile de confier des circonscriptions médicales, très étendues et parfois d’un accès difficile aux médecins âgés et fatigués, qui ne pourraient pas toujours, malgré leur dévouement, assurer commune il convient un service pénible dans des régions inconnues pour eux.”
44 On the problem of requisitioning, see Nouschi, Enquête sur le niveau de vie des populations rurales constantinoises de la conquête jusqu’en 1919, 682-696, reference on 682.
45 FR ANOM ALG CONST B/3/430, Petition, inhabitants Bordj bou Arreridj, 31 April 1917. Dr Haddou’s first name is not mentioned in this source; however, Dr Haddou, médecin de colonisation for Bordj-bou-Arreridj is listed as accompanying Algerian pilgrims in 1917 in Charles Jonnart, Exposé de la situation générale de l’Algérie en 1918 (Algiers: Imprimerie administrative Victor Heintz, 1919), 510, and is referred to as “docteur Mohamed Haddou d’Alger” in parliamentary proceedings, Assemblée nationale, Documents parlementaires annexes aux Procès-verbaux des séances (Paris: Imprimerie des journaux officiaux, 1917).
Auxiliaire médical Mokram Fares stepped into the breach, taking sole charge of free consultations and infirmary admissions in the neighbouring circonscription of Bibans.46

In several cases, auxiliaires médicaux worked independently of doctors as locums and heads of disinfection posts. Mohamed ben Salah Adjouati kept Tablat’s infirmary running in the absence of a doctor.47 Mohamed (’06), an ex-officier de santé incorporated into the ranks of the auxiliarat médical, was taken on in Bélezma by doctor de Mouzon during a period of sick leave,48 and when de Mouzon was called up in 1914, Gradi assumed responsibility for the post permanently and, significantly, was allocated the doctor’s salary.49 After Belkacem Hili was invalided out of the army, he was posted to the Commune mixte of Tenès, where he kept the infirmary running smoothly in the absence of a physician, treating both European and Algerian patients.50 In total, seventeen auxiliaires médicaux routinely operated independent consultations by 1923 (Table 4.1).

With personnel stretched to breaking point, auxiliaires médicaux also took on new responsibilities. Outside of major cities, there were not enough qualified doctors to conduct autopsies and to provide evidence for criminal courts.51 Nor were there sufficient physicians to

47 CANA TDS 0101, Letter Préfet du Département d’Alger to GGA (DAI), 21 March 1916.
48 Médecins de colonisation did not receive pay for holiday or sick leave, and had the additional costs of compensating their replacement. Physicians living on a restricted income could advertise their services as locums in the free “Petite Correspondence” section of the Bull. méd. Alg. For example, in the February 1914 issue, Doctor de Cool placed a personal advertisement that stated, “Médecin de colonisation de 1e classe, en retraite, ferait remplacements de janvier à juin, dans un poste qui ne demanderait pas de déplacements à cheval de plus de 2 heures.” Bull. méd. Alg. (25 February 1914), 190. A few months later Gradi advertised his services, “Experienced doctor will do replacements and accept low paid posts,” Bull. méd. Alg. (25 May 1914), 475.
49 FR ANOM ALG CONST B/3/452, Letter Administrateur CM Belezma to Sous-Préfet Batna, 4 August 1914.
50 SAWA 3V 61.
51 CANA TDS 0531, Letter Sous-Préfet Mostaganem to Préfet d’Oran, 21 April 1915, “Depuis le commencement de la guerre, en effet, beaucoup de médecins ont été mobilisés et à une certaine époque presque tous les cantons de
Table 4.1. Distribution of personnel in the Assistance médicale des Indigènes in 1923.

Register births and deaths in the état civil (civil register), which was far from comprehensive before the war—even though registration was compulsory by law and non-compliance was punishable with a fine.\textsuperscript{52} State registration and the judicial system that depended on it could not function without forensic medical experts. In a parallel with the way in which administrateurs of the Commune mixtes devolved responsibility for clinics and consultations to Gradi, Fares, and Hili, individual justices of the peace assigned forensic medical duties to auxiliaires.\textsuperscript{53} Omar Daïdj (’13) in Djebel Nador and Ammar Hadbi (’14) in Ammi-Moussa were among auxiliaires médicaux authorised to carry out autopsies and sign death certificates.\textsuperscript{54} Documents they produced were subsequently used as evidence in criminal and civil cases.

\begin{tabular}{|l|l|l|l|l|l|l|}
\hline
 & Hôpitaux indigènes & Infirmières indigènes & Cliniques indigènes pour femmes et enfants & Consultations indigènes pour femmes et enfants & Consultations pour les deux sexes pourvues d’un auxiliaire médical & Asile pour vieillards et incurables & Auxiliaires médicaux \\
\hline
Alger & 2 & 22 & 1 & 7 & 3 & 1 & 25 \\
Oran & 0 & 22 & 2 & 3 & 2 & 1 & 24 \\
Constantine & 1 & 30 & 1 & 3 & 12 & 0 & 42 \\
Totaux & 3 & 74 & 4 & 13 & 17 & 2 & 91 \\
\hline
\end{tabular}

\textsuperscript{52} State registration remained a chimera even in the 1950s. See Djilali Sari, “La Transition de santé en Algérie,” International Union for the Scientific Study of Population conference, Marrakech, Morocco, 27 September-2 October 2009. I thank Professor Farouk Mesli, Faculté de Médecine, Université d’Oran, for providing me with the text of this paper. On the extension of state registration, see also Kamel Kateb, Européens, “indigènes” et juifs en Algérie (1830-1962): représentations et réalités des populations (INED, 2001). See chapter five for a discussion of registration and vaccination.

\textsuperscript{53} CANA TDS 0531, Letter Sous-Préfet Mostaganem to Préfet d’Oran, 21 April 1915.

\textsuperscript{54} CANA TDS 0531, Telegram Procureur Général, Mostaganem to Justice de la paix, Trézel, August 1914. “À défaut médecin les auxiliaires médecins peuvent en raison circonstances et après avoir été assermentés pratiquer visites autopsies.” See also letter, Sous-préfet Mostaganem to Préfet d’Oran, 21 April 1915. “D’un entretien que j’ai eu avec Monsieur le Procureur de la République, il résulte que le fait qui est l’objet de votre blâme n’est pas unique, et que beaucoup de dossiers criminels soumis à la cour renferment, depuis la guerre, des constatations effectuées par les auxiliaires.”
Reading between the lines, the delegation of forensic medical expertise in the courts led to problems of another order. When a forensic certificate issued by Omar Daïdj was presented as evidence in a criminal prosecution instigated by an Algerian Muslim, first the Directeur de la Sécurité générale in Algiers, and then the Gouverneur général himself, called for immediate disciplinary action against the auxiliaire médical. The administrateur of Trézel defended his agent. He insisted that Daïdj had been sworn in as a legal medical expert, and was therefore authorised to carry out forensic investigations and sign certificates. The authorities in Algiers were shocked to learn that this was not an isolated incident, and that in fact, “Many criminal cases since the war rely on statements made by auxiliaires médicaux indigènes.” Significantly, it was not the judiciary that first objected to the expedient, but a high-ranking official in the security services. We can speculate that the defendant in the case in question might have leant on his official connections to pervert the course of justice. In May 1915 the Secretary-General wrote to prefects demanding an end to the practice.

In order to address the shortfall in medical personnel, with all that it implied for public health, the courts, and the war economy, the army intervened. Médecin inspecteur général Albert Calmette agreed to commission medics from the territorial army instead of the ranks of the Service médical de colonisation, and later ordered that médecins de colonisation should be kept


56 Historian Didier Guignard writes that practitioners of legal medicine were regularly complicit in covering up fatal abuse or accidents suffered by Algerians, whether in their workplaces or at the hands of administrateurs and police. See Didier Guignard, L’Abus du Pouvoir dans l’Algérie coloniale (1880-1914). Visibilité et singularité (Nanterre: Presses Universitaires de Paris Ouest, 2010).

in reserve wherever possible.\(^{58}\) This was followed by an order from the ministries of war and the interior on 21 April 1916, authorising military medics to take responsibility for the public health of civilian populations in regions of Constantine without physicians,\(^{59}\) and arranging the temporary division of the country into military sectors staffed by a doctor.\(^{60}\)

At the front line, the French military placed *auxiliaires médicaux* at the head of ambulances and within surgical units; in the Algerian countryside, military medics also interacted with *auxiliaires médicaux*: for instance, they applauded the intelligence of Nacer el-Hoceine,\(^{61}\) but undermined the reputation of Mohamed Gradi in Bélezma.\(^{62}\) In general, however, the services of military medics bypassed the civilian apparatus of the *Assistance médicale des indigènes*, further encouraging the fragmentation of this infrastructure. Army medics operated out of military hospitals, using their own mobile equipment and centrally provisioned stocks of drugs, while *infirmeries indigènes* were shuttered, and their equipment and furnishings lay rusting and rotting.\(^{63}\)

As this section has demonstrated, magistrates and *administrateurs* at the local level adapted to changed circumstances by strategically employing *auxiliaires médicaux* as substitutes


\(^{61}\) CANA TDS 0101, Note Henri Soulié, 22 July 1917.

\(^{62}\) FR ANOM ALG CONST B/3/452, Letter Administrateur CM de Belezma to Sous-Préfet Batna, 31 August 1917 and 17 September 1917.

for doctors. The alternative was to suspend the course of justice or medical services entirely. These additional responsibilities afforded auxiliaires médicaux with both professional recognition and material compensation: a doctor’s salary in the case of Gradi; honoraria for autopsies in the cases of Daïdj and Hadbi. These initiatives were taken without the knowledge of the Gouvernement général in Algiers. In the same way, cooperation between auxiliaires médicaux and military medics arose in order to deal with immediate local needs but was not centrally coordinated.

**Discipline and Hardship**

If the expansion of auxiliaires médicaux’s practice took place in an ad-hoc fashion, these agents’ activities were not entirely invisible to prefectural authorities or the Rectorat (education board) in Algiers. The year 1917 was the highpoint of conscription among auxiliary learners. It was also the year in which three of the remaining fourteen students in the programme were stripped of their scholarships for purported breaches of discipline. In an atmosphere in which the French authorities were acutely sensitive to acts of civil disobedience, youthful impetuosity was sanctioned severely. Furthermore, a number of conscripts who applied for leave of absence decided not to resume their studies after the war and forfeit their scholarships. Three additional students left the programme to seek out alternative careers. When a student was sent down for

64 CANA TDS 0101, Letter Henri Soulié to GG, July 2, 1918. One of the students expelled from the programme had been enrolled at the Médersa of Tlemcen when he learned of his acceptance into the École des Auxiliaires médicaux indigènes. He left the Médersa without first seeking permission from the director, who insisted that he be made an example of and expelled from both the Médersa and the École des Auxiliaires médicaux indigènes.

65 CANA TDS 0101. There is conclusive evidence that Ahmed Nourreddine (’16) left the programme, and circumstantial corroboration that Messaoud Mehdoui (’16) and Saad Maïza (’16) failed to return.

66 CANA TDS 0101, Letter Henri Soulié to GG, 27 November 1917. Soulié informed the GG that Mohamed Zagoub, a second-year trainee, had quit the programme for unknown reasons and could not be reached at his home.
poor discipline, or decided to abandon his studies, his scholarship was revoked without being made available to an alternate, even though there was always a waiting list of qualified candidates awaiting a scholarship. In this way, although recruitment pressed ahead during this period and the number of active auxiliaires médicaux increased from sixty-two in 1914 to ninety-eight in 1920, there was considerable attrition among their ranks.

The above section demonstrated how military and local authorities arbitrarily aided and abetted auxiliaires médicaux in stepping outside the bounds of their normal practice. However, a single file found in the archives of the Wilāya of Algiers demonstrates that other officials sanctioned and punished them for practicing “illegal” medicine and challenging French symbolic authority. The file contains hardship petitions penned by auxiliaires and their families during the period 1916 to 1925, along with evidence of disciplinary proceedings. We can take both sets of documents—hardship cases and disciplinary hearings—to represent two sides of the same coin, namely the economic difficulties experienced by auxiliaires médicaux and their families. Together with records from the auxiliaire school, these papers constitute a trove of mutual recrimination with which to contextualise what the authorities often referred to as problems of “attitude.”

Trainee auxiliaires médicaux in Algiers found it increasingly difficult to live on their student stipend, which was not adjusted in line with cost-of-living increases, particularly as

address. Adda Sebah, a first-year pupil, abandoned his studies “ayant trouvé une carrière plus avantageuse” (having found a more profitable career).

67 For example, in 1916, twenty-three applicants were successfully admitted to the auxiliaire, but only the nine highest scorers were awarded a scholarship of 850F per annum. CANA TDS 0101, “Auxiliaires médicaux. Liste des Candidats reçus.”

68 This is the only file of its kind that I have been able to locate in either Algerian or French archives. Insofar as it was misfiled, it was only thanks to persistent searching by Mr Mouloud Rahal and Mr Ismaïl at the SAWA that it was even discovered.
housing stock in Algiers was scarce. According to government statistics, a family of five of modest means could eat for 1000.57 francs (F) per annum in 1904, 1085.67F in 1914, and 5267.44F in 1924. The same government bulletin noted that, the salaries of officials of middle and superior grades are less by a third of what they should be to insure means of subsistence approximately that of before the war. Bachelors are assured of comparative comfort but married officials having one or two children find themselves in difficulties while those who have a larger family are in miserable circumstances.

At 2400F, the stipends of élèves auxiliaires médicaux were well below the entry-level annual wage of janitors, doorkeepers, and messengers (4,750F), and less than two-thirds that of “native” messengers’ (3,800F). Moreover, the closure of infirmaries due to personnel shortages and withdrawal of financial support meant that some auxiliaries who qualified during wartime found themselves unemployed upon graduation.

Although few auxiliaires médicaux married during their studies, all were responsible for extended family members. Family emergencies exposed the inadequacy of their remuneration.

Adda Sebbah’s (’17) dream of studying for the auxiliarariat was dashed when the death of his

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71 Ibid., 5.

72 Lachemi Haddadine (’17) was not assigned a post, though he petitioned the Sous-Préfet of Tlemcen, the Préfet of Oran, and the GG several times. As late as May 1920, no posting was yet available in the entire département of Oran. CANA TDS 0101, Letter Préfet d’Oran to GG, 10 May 1920.
father left him with sole responsibility for his younger siblings.\textsuperscript{73} El-Hachemi Sadaoui, the eldest of five children, withdrew from second-year hospital training in Sétif when his father was unable to work for two months due to illness.\textsuperscript{74} Sadaoui’s annual stipend of 850F was insufficient to meet monthly living costs in Sétif (40F for his hotel bill, and 110F for his monthly board), suggesting that his father had been subsidising his studies. Sadaoui typically worked from 6.00 am to 7.00 pm with nothing but a small roll and bar of chocolate for sustenance.\textsuperscript{75} During the period 1917 to 1923, Sebbah and Sadaoui, and a third student, Mohamed Zagoub, left the programme to seek out more expedient and profitable alternative careers.\textsuperscript{76}

Lack of resources reduced students and employees to a state of dependency upon the government in Algiers. \textit{Auxiliaires médicaux} could not afford to travel long distances—whether to attend an examination, join a post for the first time, or take leave to visit family—without an official transport requisition.\textsuperscript{77} They were also perpetually owed reimbursement for local travel and accommodation costs incurred during vaccination rounds and missions in the douars: they were unlikely to quit their positions as long as these amounts were outstanding. In the 1920s, vaccination was compensated at ten centimes, and travel was reimbursed at 15F per day in the départements of Algiers and Constantine.\textsuperscript{78}

\textsuperscript{73} CANA TDS 0101, Letter Adda Sebbah to Inspector Académie d’Alger, 2 November 1917.
\textsuperscript{74} CANA TDS 0101, Letter Achmi Sadaoui to Directeur des Affaires Indigènes, 15 March 1923. Sadaoui’s father worked as a storekeeper for Algeria’s foremost shipping company, Schiaffino et Compagnie.
\textsuperscript{75} CANA TDS 0101, Letter Ahmed Sadaoui to Henri Soulié, 3 May 1923.
\textsuperscript{76} CANA TDS 0101, Letter Henri Soulié to GG, 27 November 1917. See also footnote 66.
\textsuperscript{77} The authorities were supposed to issue transport requisitions for third class travel, but frequently sent the incorrect number of requisition slips (one was required for each leg of a rail journey, for example), leaving auxiliaires stranded. SAWA 3V61, Letter Mohamed Flici to Préfet d’Alger, 1 July 1921; CANA TDS 0438, Letter Préfet d’Alger to GG, DAI, A/S Si Ahmed Ahmed, Médéa, 27 September 1921; CANA TDS 0101, Letter Sous-Préfet Tlemcen to Directeur des Affaires indigènes, Alger, 30 June 1922.
\textsuperscript{78} Arrêté 10 novembre 1921. Smallpox vaccination routines are discussed in detail in chapter five.
The sums owed to *auxiliaires médicaux* could quickly mount up: in October 1921, Smaïn Benghomrani spent more than two months in *Douar* Meghnine managing an outbreak of plague, and was owed expenses of 1000F. The authorities believed that *auxiliaires médicaux*, being “natives” themselves, could find cheap food and accommodation in the *douars*. However, there were no *funduqs* (warehouses with accommodation) or communal housing in these regions. Unless the *auxiliaire médical* had family in the region in question, he had to pay a high price for basic shelter (see chapter five). In order to make ends meet, it was not unheard of for *auxiliaires médicaux* to hire out their services as scribes in coffee houses and post offices, or to perform secretarial work for the civil administrator for a fee.  

*Auxiliaires médicaux* who “knew their place” and were “gentle” and “obedient” to authority had the correct “attitude.” Those who overstepped the bounds of their medical practice or challenged the judgement of their supervising physician or administrator did not. Yet the problems of “attitude” and disciplinary abuses signalled by doctors and *administrateurs* in the *département* of Algiers were not uniquely about authority and hierarchy, but touched on money matters in some way. The situation of Arab ben Kaci Brahimi (’06) was particularly difficult. In 1915, Doctor Colas in Dra-el-Mizan accused Brahimi of a number of disciplinary violations, alleging that he was illicitly prescribing and charging for the infirmary’s free medications, and that he had taken out a loan from the family member of a patient (see chapter three).  

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80 SAWA 3V61.
also accused Brahimi of neglecting his service in the infirmary in order to help the illiterate families of soldiers obtain access to their sons’ military allowances.\textsuperscript{81}

Brahimi disputed most of the charges against him. He also explained that Colas had been hostile to his presence from the day he set foot in the infirmary and sought publicly to humiliate him whenever possible. Colas had objected to Brahimi’s membership of the \textit{Cercle civil} to which all the civil servants of the town belonged, insulting him in front of a room full of people by saying that the \textit{auxiliaire médical} did not belong in the club, since he ranked “no higher than […] a native policeman.” Moreover, Colas allowed his manservant and the manservant’s lover, who had once been a sex-worker, to live in the infirmary, where, Brahimi explained, the woman’s “loose behaviour” and chatter were both shameful and distracting for the infirmary staff.\textsuperscript{82} Dr Colas dismissed Brahimi’s responses as utterly false; the sheer fact that Brahimi tried to defend himself was offered as further proof of his difficult “attitude.”\textsuperscript{83}

What is relevant here is not the truth of the accusations (which even the \textit{administrateur} found hard to adjudicate, since he had only Colas’ word against Brahimi’s), but the incontestable fact that Brahimi’s wages were completely inadequate to support him and his family. An “administrative error” meant that even after eight years’ service (and several requests for revision of his pay-grade), Brahimi was still receiving a trainee’s monthly salary of 95F, when he

\textsuperscript{81} SAWA 3V61, Letter Dr Colas, médecin de colonisation à Dra-el-Mizan, to Préfet du Département d’Alger, 2 January 1916. “Je dois vous signaler en outre, M. le Préfet, que depuis un an environ l’AM Brahimi fait preuve de la plus grande négligence dans son service et s’occupe principalement de la rédaction de lettres relatives à des réclamations au sujet des allocations aux familles des indigènes sous les drapeaux ; à plusieurs reprises j’ai trouvé à l’infirmier, sur mon bureau ou dans les tiroirs des lettres de ce genre écrites de sa main.”

\textsuperscript{82} SAWA 3V61, Letter Brahimi to Préfet d’Alger, 27 December 1915.

\textsuperscript{83} SAWA 3V61, Deposition by Dr Colas, 17 May 1916.
should have been earning 150Fr. Brahimi was financially responsible not only for his own parents, wife, and children but also the wives and children of his brother and uncle, after both men went to war. If he did indeed resort to selling medicines to patients, this is hardly surprising. Colas sought to hold back Brahimi’s promotions, but the administrateur of Dra-el-Mizan expressed a more understanding attitude:

> I am ignorant of the objections Dr Colas may have and if they are of such importance that an auxiliaire médical should be left to live on 100Fr per month [5 of which was subtracted for pension contributions]. I consider that an agent should be sacked if he does not do his duty, but that we ought to give him the means of subsistence if we continue to employ him.\(^8^6\)

Although Brahimi arranged for Emir Khaled’s Comité Franco-Musulman to intervene on his behalf to obtain a full and fair investigation, before this could come about the unfortunate auxiliary resigned from his post.\(^8^7\)

During the war, Messaoud Aberkane, an auxiliaire médical whose healing skills, devotion, and intelligence were held in high regard by his superiors, was placed in sole charge of managing a disinfection post in Médea. In 1915, a military medic accused him of inflating vaccination figures and invoices, and claiming for first aid missions that never took place.\(^8^8\) Aberkane returned the sum that had been improperly obtained: 300Fr, the equivalent of three months’ wages. The médecin de colonisation Barbé, and Lucien Raynaud, Inspecteur général

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\(^8^4\) SAWA 3V61, Letter Brahimi to Préfet d’Alger, 12 March 1916. “In no circumstances did I ask to remain as a trainee,” Brahimi insisted.

\(^8^5\) SAWA 3V61, Letter Brahimi to Préfet d’Alger, 6 March 1917.

\(^8^6\) SAWA 3V61, Letter Administrateur CM Dra-el-Mizan, 9 March 1917. “J’ignore d’ailleurs les griefs qui peut avoir M. le Dr Colas et s’ils ont une importance, telle que l’AM doit être laissé avec sa famille, aux appointements de 100 francs par mois. J’estime qu’un agent devrait être licencié s’il ne fait pas son devoir, mais qu’on doit lui donner les moyens de vivre si on continue à l’employer.”

\(^8^7\) SAWA 3V61, Letter GG to Préfet d’Alger, 1 December 1917.

\(^8^8\) CANA GGA DSP 28, Letter Préfet d’Alger, 11 December 1915.
des services d’hygiène, intended only that Aberkane be demoted from his position at the disinfection post. However, he was expelled from the auxiliarat.89

Aberkane’s punishment was unusually severe. Officials at the Direction des Affaires indigènes in Algiers typically banished auxiliaires médicaux suspected of the illegal practice of medicine to an unfamiliar region, far from family networks or ethnic allegiances, so as to make it harder to find clientele or to dabble in politics.90 Thus in 1916, Messaoud Bouaziz was fined a month’s salary for “illegal practice of medicine” when it was discovered that he was part owner of a pharmacy in Tiaret, and he was reassigned to Sidi Aïssa in Kabylia in order to distance him from his pharmacy. When three months passed without his taking up this new position, the Gouverneur général warned that he must assume the post within eight days or resign. Bouaziz did not appear, and was rumoured to be practicing medicine illegally in Djebel Nador in 1917.91

Ahmed Rahmouni (also known as Moulay Ahmed Rahmouni) had clashed with Directeur d’études Soulié from his student days in Algiers.92 It was only in 1920, however, when he was appointed trainee auxiliaire médical for Nédroma, that Rahmouni’s attitude became a disciplinary issue.93 Rahmouni was the son-in-law of Si Mohammed Khelifa, head of the Derkaoua Sufi brotherhood. The relationship brought with it spiritual and political standing, as well as proximity to M’hamed ben Rahal, delegate in the Délégations financières algériennes

89 CANA GGA DSP 28.
90 A similar expedient applied to médecins de colonisation found to be practicing medicine illegally, involving themselves in local intrigues and vendettas, or practicing usury (see chapter three). Since médecins de colonisation did not have language or ethnic ties to the communities they served, the comparison is an inexact one. However, both forms of “corruption” jeopardised the image of the institution in the eyes of the local population, without compromising the system as a whole. As far as the central authorities were concerned, transferring the accused to a new post resolved the problem.
91 SAWA 3V61, Letter GG to Préfet d’Alger, 6 August 1917.
92 SAWA 3V61, Letter Administrateur CM Nédroma to Préfet d’Oran, 2 December 1922.
93 “L’Insecurnité en Oranie,” Le Courrier de Tlemcen, 4 March 1921.
and follower of Khelifa. Rahmouni was also the local correspondent for the daily newspaper *L’Écho d’Alger*, and was said to boast of his friendship with its founder and editor, Étienne Bailac. According to the *administrateur* of Tlemcen, these connections encouraged Rahmouni to think himself more than a mere *auxiliaire médical*:

> Up till now, I can only be absolutely certain about the practice of dentistry. [...] As regards the illegal practice of the medical art, I cannot be as precise, despite the egregious rumours that circulate. It seems that, feeling himself under surveillance, Rahmouni has only acted within the circle of his relations, limiting himself to benign interventions, or contenting himself to recommend such and such pharmaceutical speciality. Beyond pseudo-medical activities, Rahmouni is the local correspondent of *L’Echo d’Alger*, and living up to his mentality, lets his entourage believe that this title confers a [license to behave with] impunity.

There was insufficient evidence to prosecute Rahmouni, and the *administrateur* felt that “to definitively exclude him from the career he wishes to embrace would be a little severe.”

Instead, Rahmouni was exiled from his home region of Nédroma, along the Moroccan border, to the furthest reaches of Constantine, near the Tunisian border, where it was thought he would not enjoy the same degree of influence over the local population. He responded by quitting the

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95 SAWA 3V 61, Letter Administrateur CM Nédroma to Préfet d’Oran, 2 December 1922. “En ce qui concerne l’exercice abusif de l’art médical proprement dit, je ne puis, malgré les bruits fâcheux qui courent, être aussi précis. Il semble bien que jusqu’ici se sentant surveillé, Rahmouni n’ai opéré que dans le cercle de ses relations se bornant à des interventions bénignes ou se contentant de prône telle out telle spécialité pharmaceutique qu’il se charge de faire venir du dehors. / C’est vraisemblablement pour étendre le champ jugé par lui trop étroit de son activité qu’il songea à faire appel à un pharmacien vers l’officine duquel il se serait chargé de diriger les malades crédules. Outre les occupations pseudo-médicales, Rahmouni est correspondant local de l’Echo d’Alger, et fidèle à sa mentalité, il laisse croire à son entourage que ce titre lui confère une véritable impunité, grâce aux relations d’étroite intimité qu’il entretiendrait avec M. Bailac.”

96 *Ibid.*., “De ce qui précède, je crois devoir conclure, qu’il y a lieu d’incriminer en lui plutôt une mentalité et des velléités fâcheuses que des actes délictueux bien caractérisés. Dans ces conditions, une mesure qui aurait pour conséquence de l’exclure définitivement de la carrière qu’il désire embrasser serait peut-être un peu trop sévère.”

97 SAWA 3V61, Letter Gerbis, Administrateur de la CM de Nédroma to Préfet du Département d’Oran, sous couvert du Sous-Préfet de l’Arrondissement de Tlemcen, 2 December 1922.
auxiliarat, rejoining its ranks only in 1930. In the intervening period it was rumoured that he practised medicine and dentistry illicitly in Nédroma, that he was responsible for a campaign of poison pen letters impugning the reputation of the town’s European women, and that he was promoting “extremely advanced” political ideas.98

The disciplinary dossiers for Aberkane, Bouaziz, Brahimi, and Rahmouni are incomplete and many document folders are infuriatingly empty. However, these records and others like them suggest that “illegal” medicine and economic survival were two sides of the same coin. Auxiliaires médicaux with wealthy or influential connections diversified their sources of income by taking on private clients (Rahmouni), and by opening commercial pharmacies, where their medical training was an advantage (Bouaziz). In contrast, the only way for auxiliaires médicaux without personal networks or capital to supplement their inadequate income was to defraud the system (Aberkane) or to lean on rural populations (Brahimi).

Officials in Algiers justified the 1921 and 1927 statutes on salaries and advancement as a deliberate strategy to keep auxiliaires médicaux hard at work. It was in the interests of the medical service, stated the Sub-Director of the Direction du Service Central de l’Assistance Publique in 1927, “to maintain the current regime, which constitutes an excellent method of keeping auxiliaires médicaux short of breath [les tenir en haleine].”99 But clearly, as the above examples show, it was a poor managerial technique, since the public health authorities lost trained personnel in this way.

98 FR ANOM 92501/24, Letter Administrateur CM de Nédroma to Administrateur CM de Marnia, 10 August 1932.
99 CANA GGA DSP 079, “Exécution de l’ordre du service, no. 5468 du 8 décembre 1927. Auxiliaires médicaux indigènes (Examen révisionnel). “[I]l est apparu qu’il y avait intérêt à maintenir le régime actuel, qui constitue un excellent moyen de tenir en haleine les auxiliaires médicaux, de les astreindre à un effort soutenu, dirigé vers le perfectionnement de leur instruction professionnelle et créant entre les agents intéressés, une emulation dont le Service ne peut que retirer des avantages.”
Veterans’ Rewards and Rights

Since auxiliaires médicaux serving in the military received both a military allowance and their civil service pay, we might imagine that they were spared the financial worries of their colleagues in Algeria. In fact, they experienced lengthy delays and errors in the award of pay, pensions, and promotion. Comparison of the personnel files of Arezki Ouyahia, Belkacem Hili, and Mohamed ben Alloua Zerkine reveals the inefficiency of the Direction des Affaires indigènes and miscommunication among different branches of the government. It also demonstrates that demobilisation was experienced very differently by decorated and undecorated veterans.

As we saw above, Arezki Ouyahia served in a medical unit and even volunteered to return to the Front after his release from a POW camp. During his absence from Algeria, Ouyahia’s salary and rank did not keep pace with those of his cohort, even though a decree of 2 October 1917 entitled functionaries in the armed forces to receive civil service benefits, and another of 28 October 1918 authorised advance promotions for recipients of a military citation.100 Ouyahia received the promotion to which he was entitled to on 9 June 1921, after persistent requests, but his revised salary of 5000F per annum was backdated only to 1 May 1921, rather than 1919, the period from which he was entitled to first-class rank. However, Ouyahia received a gratuity of 600F and a scholarship from the Gouverneur général by virtue of having been awarded the Croix de Guerre.101 Ouyahia moved his French wife and their children

100 CANA TDS 0438, Letter Ouyahia to GG, 13 March 1918. Ouyahia was entitled to promotion six months early because of his citation.
101 In recognition of his imprisonment and wartime service, Ouyahia also received a reward of 600 francs from the GG.
to France, where he enrolled in a degree in dental surgery at the University of Bordeaux—the alma mater of his supervising physician at the infirmary of Akbou. 102 Ouyahia’s file gives the impression of intra-governmental miscommunication, since the administrative hierarchy only noticed Ouyahia’s absence from his post several months after his departure for France, even though officials at the Gouvernement général had awarded his scholarship, and authorised and supplied the family with travel permits. 103

Belkacem Hili experienced a very different homecoming. Hili was invalided on 28 June 1917, returning to a post in Rabelais. Although he was classed with a temporary injury (réformé de guerre numéro 1), he was unable to walk without the support of a cane. He suffered from limited vision and severe headaches that he described as “unbearable,” and found his job physically and emotionally taxing. 104 Hili embarked on a letter-writing frenzy to obtain payment of 2,803.30F in arrears on his salary—the equivalent of two years’ salary. His case dragged on for nearly four years and was only successfully resolved in 1923, after Hili acquired the support of public figures J. Ascione, editor of Le Mutilé de l’Algérie, and A. Lavenarde, Secretary-General of the Comité d’Action Franco-Musulman de l’Afrique du Nord. 105

102 On Doctor Roger Lussan, refer to chapter three.
103 Although Ouyahia’s grant came from the GG, the Direction des Affaires indigènes was completely oblivious to his change of career. It was possible that Ouyahia did not want to face his employers with the news that he was leaving, or may have wanted to keep his job to fall back on. In January 1922, the prefect enquired into the whereabouts of the auxiliaire for Rébéval, to be told by Henri Soulié: “I have learned, from a business card sent from Bordeaux, […] that Mr Ouyahia Areski is a student in dental practice in the University of this town. I do not know in what conditions this auxiliaire medical left his post.” CANA TDS 0438, Letter Soulié to Mirante, Direction des Affaires indigènes, “Demande de renseignements adressé à M. le Pr. Soulié, Directeur des Études des Auxiliaires médicaux, Alger,” 30 January 1922.
104 SAWA 3V61, Letter Hili to Préfet d’Alger, 5 November 1923; Letter Hili to Dr Lamarque, médecin de colonisation, Rabelais, 22 November 1923. It is unclear what became of Hili’s widow, their two children, and his two wards, children orphaned by the war.
105 SAWA 3V61 and Le Mutilé de l’Algérie, 2 December 1923. Le Mutilé d’Algerie supported both settler and Algerian soldiers. The Comité d’action Franco-Musulman promoted parliamentary representation of non-naturalised
Hili must have been aware of the 1918 decree on promotions, as he set about trying to obtain a promotion to first-class rank, petitioning officials and military acquaintances to intercede on his behalf.\textsuperscript{106} Despite their universal support, Hili’s request was rejected, since he had not received a citation.\textsuperscript{107} Hili lost interest in his job, becoming morose and uncharacteristically abrupt with the populations that he was called to treat, as we discover from a police report detailing a dispute that arose during a vaccination round.\textsuperscript{108} From the way he lashed out at those around him, it seems Hili was not only physically unwell, but was also experiencing an existential crisis about his place in the world. A reading of the local press in Orléansville suggests that he was integral part of both Algerian and settler society in Rabelais.\textsuperscript{109} From his perspective, he had faced trench warfare and smallpox and typhus epidemics in 1910, 1911, and 1918-22 in the name of a country that now seemed to think it owed him nothing.\textsuperscript{110} Tragically, he died suddenly at the age of only thirty-eight, away from home on his way to consult an oculist in Algiers for his persistent headaches.\textsuperscript{111}

Mohamed ben Alloua Zerkine (’13) was a pupil with at the end of his first year of study when he volunteered on the 9 September 1914 for a nursing unit. He was sent to Tunis in 1915

\textsuperscript{106}SAWA 3V61, Letter Hili to Dr Franchi, médecin chef hôpital militaire, Orléanville.
\textsuperscript{107}SAWA 3V61, Letter GGA to Préfet d’Alger, 17 August 1920.
\textsuperscript{108}SAWA 3V61, Report dated 24 October 1921 by Etienne Goutaudier, chef de Brigade de 4e classe Gendarmerie National, 19e Legion, 2e Compagnie, Arrondissement d’Orléansville, Brigade de Rabelais.
\textsuperscript{110}SAWA 3V61, Extrait du Rapport d’Inspection de M. Le Dr Soulié, 1922.
\textsuperscript{111}SAWA 3V61, Letter Sous-Préfet Orléansville/Chlef to Préfet d’Alger, 13 December 1923; and Sous-Préfet de l’Arrondissement d’Orléansville/Chlef to Préfet d’Alger, 20 December 1923. Cause of death was recorded as chronic nephritis.
where he was attached to a different nursing unit, before being posted to the 15\textsuperscript{th} section of military nurses with the French mission in Hedjaz. When his father in Constantine wrote to Zerkine that he had not been able to draw his son’s full salary, Zerkine wrote repeatedly to the Gouverneur général to request payment of 2880F in overdue wages, since for three years he had continued to receive a trainee’s salary of 95F rather than the salary of 170F to which he was entitled.\textsuperscript{112} It is uncertain whether Zerkine was able to recover the sum. However, he did receive the Croix de Guerre after a citation from the commander of the French mission in the Arabian peninsula recognised nine-months of unstinting effort under the command of one of Sharif Hussain’s sons: “[A]t the battle of Djlidjla, won the admiration of all, patrolling the line on horseback to fetch and bandage the wounded, despite the severe fire of Turkish artillery, and managing to evacuate them after the action. Won the specific congratulations of Emir Ali.”\textsuperscript{113} On his return to Algeria, Zerkine was assigned to the infirmerie indigène in the desert posting of Khangat sidi Nadji, until his medal opened the way to a scholarship for him to study dental surgery at the University of Bordeaux, just as it had for Ouyahia.\textsuperscript{114}

After completing their degrees, both Ouyahia and Zerkine returned to Algeria to establish dental clinics: Ouyahia in Bab el-Oued, Zerkine to his hometown Constantine. Few records

\textsuperscript{112} CANA TDS 0438, Letter Zerkine, Mission Militaire Française au Hedjaz, Secteur Postal 601 to GGA, 22 August 1918; Letter Zerkine to GGA, 25 March 1918.
\textsuperscript{114} CANA TDS 0438, Letter H. Dubief, 30 March 1921.
survive of Ouyahia’s private practice. In contrast, in 1927, Zerkine’s opening of a “magnificent,” “fully modern” dental surgery “liable to rank the département among the most [dentally] favoured in France” merited a two-page write-up in the pro-empire periodical L’Afrique du Nord illustrée. It seems significant that both men chose to pursue a career in dentistry rather than medicine: it is possible that they had become aware of anxieties about an “oversupply” of doctors at the Algiers Faculté de Médecine, whereas ultra-modern dentistry was virtually unknown in Algeria. Zerkine’s time as a auxiliare médical was brief compared to Ouyahia’s, and yet it may have left its mark in another way: he was noted for a great love of science and his scrupulous passion for antisepsis (see chapter two).

In addition to his successful dental practice, Zerkine was elected conseiller municipal in 1930, formed and headed an association for Muslim veterans of the Great War, advocated for women’s rights, and defined himself as a Muslim militant “enlightened by French schooling.” He participated in the founding of the Fédération des élus des musulmans du département de Constantine on 29 June 1930, serving as Deputy Treasurer to the Federation, as well as standing as a spokesman for the Muslim population of the city after the anti-Semitic riots of 1934

115 Ouyahia advertised his services in L’Echo d’Alger: journal républicain du matin, see for example, 5 September 1931, as well as 2 and 7 October 1943, 2.
117 On the discourse of encombrement in the medical profession, see Julie Fette, Exclusions: Practicing Prejudice in French Law and Medicine, 1920-1945 (Ithaca: Cornell University Press, 2012). The history of dentistry and dental surgeons in its own right, let alone in colonial context, has attracted little attention from scholars. The question of the survival of, and access to, private archives is surely a contributing factor.
(appearing in photographs alongside Dr Bendjelloul and Shaykh Ben Badis), and taking part in secret meetings prior to the Congrès musulman algérien of June 1936 that called for citizenship without renunciation of Muslim personal status.

It was only by quitting the ranks of the auxiliarat médical that Zerkine was able to involve himself in politics. Auxiliaires médicaux did not fulfil the residence requirement to be registered as electors in the communes where they served, and thus could not be elected to municipal councils. This did not deter other electors from voting for them: for example, in 1935, Hocine Abderrahim and Jean Mazella, auxilaire médical and médecin de colonisation for Tizgirt-sur-Mer, received votes in the communal elections for the conseil municipal even though neither had run for office, an indicator of the high esteem in which both men were held locally. For as long as auxiliaires médicaux were excluded from the franchise and local politics, whatever influence they held was of the moral, rather than political, kind.

Hili, Ouyahia, and Zerkine differ from the tens of thousands of veterans and workers who returned from France after the war, in that their individual struggles with the bureaucracy were recorded and archived, and are now accessible. Monthly reports produced by the Direction des Affaires indigènes in the autumn of 1919 attest to a growing number of (anonymous) veterans

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121 On the riots, see Josh Cole, “Constantine before the riots of August 1934: civil status, anti-Semitism, and the politics of assimilation in interwar French Algeria,” JNAS 17, no. 5 (December 2012), 839-86.
and returning workers in rural areas asserting claims against the state for services rendered.\textsuperscript{124} These claims were “legitimate in principal, but unwelcome and sometimes dangerous in their appearance”—some individuals going so far as to call for civil disobedience and the boycott of European employers.\textsuperscript{125}

Security analysts in Algiers made a sharp distinction between matters of “politics”—the formation of electoral lists, the Algerian press, and workers’ strikes in cities and \textit{centres de colonisation}—and matters of “security”—behaviours ranging from acts of banditry and civil disobedience, to rudeness towards settlers and \textit{qāʿids}, and rumour-mongering in the \textit{douars}. All of the latter acts were characterised as \textit{nefrāh}, “disaffection”, as political action was thought to be beyond the rural masses. These manifestations were quickly “pacified”, as the following example shows.\textsuperscript{126}

The home of Abdelkader Chettab, \textit{auxiliaire médical} in Saint Arnaud, became the centre of “a virulent campaign of false rumours” in 1920. Chettab’s father was identified as the instigator of these rumours. Mohammed Chettab had been suspended from the post of \textit{qāʿid} of \textit{douar} Tachouda and was still owed payment of arrears on his salary. His pecuniary discontent was shared in the \textit{douar}. According to the \textit{administrateur} of Fedj M’Zala, “troublemakers in his

\textsuperscript{125} ADF K/6/3. GGA. Correspondence générale. Rapports du Gouvernement général, juin 1918-décembre 1919. “Rapport mensuel sur la situation politique et administrative des indigènes pendant le mois de mai 1919,” “Mus par le sentiment, légitime en principe, mais regrettable et parfois dangereux dans ses manifestations, des services qu’ils ont rendus à la Défense nationale, beaucoup de militaires indigènes et de travailleurs coloniaux persistent dans une attitude où l’âpreté insolent des revendications prime fréquemment la discipline et la correction.” Also “Rapport mensuel sur la situation politique et administrative des indigènes pendant le mois de juin 1919.”
\textsuperscript{126} See, for instance, ADF K/6/3, the entire box but especially “Rapport Mensuel sur la situation politique et administrative des indigènes pendant le mois de novembre 1919,” 6.
pay” had caused “a veritable panic that we immediately calmed by bringing a little patrol of
Senegalese tirailleurs to the location and making them roam the region.”127 Black troops were
used during and after the war to quell resistance to conscription,128 to enforce sanitary cordons
around douars,129 and here to “pacify rumours” years after the armistice. To the Muslim
population of Fedj M’Zala, a railwaymen’s strike, whispers that Frenchmen were selling their
land, a two hundred per cent increase in the price of wheat and barley, and heavy-handed
emergency laws, all appeared to augur the overthrow of French rule in Algeria.

The auxiliary Chettab’s proximity to the source of this agitation stands as intriguing
evidence that auxiliaires médicaux were not only an integral part of the state apparatus, but were
also privy to an independent internal network of information and rumour.130 Veterans, workers
returning from France, and state employees aspired to right wrongs, address injustice and

127 FR ANOM ALG CONST B3/452, J. Rias, administrateur CM Fedj M’Zala, rapport mensuel 31 May 1920,
“Surveillance politique des indigènes.” “Le début du mois de mai a été marqué par une nouvelle et virulente
campagne de fausses nouvelles venant de St Arnaud où s’est fixé, chez son fils (auxiliaire médical de ce centre), le
caid suspendu du douar Tachouda, Chettab (Mohammed), et vraisemblablement propagées dans la CM de Fedj
M’Zala par quelques fauteurs de troubles à sa solde… Une veritable panique que nous avons aussitôt calmée en
nous transportant sur les lieux et en faisant sillonner, dans la région, une petite patrouille de tirailleurs sénég
alais, les bruits les plus alarmants auxquels la grève des cheminots et l’envahissement de la commune par les nomades
donnaient quelque créance, ont couru dans les milieux indigènes. […] Il se disait couramment dans les douars ‘que
la France avait promis l’Algérie à l’Amerique en paiement des services que lui avait rendu cette nation pendant la
guerre,’ que la France n’ayant ‘pas tenu ses engagements, les Américains avaient conclu un accord avec les Anglais et
les Allemands pour s’emparer de l’Algérie’.” Black troops had quelled resistance to conscription in the Aurès in
1916, and were evidently being used to “pacify” rumours years after the armistice. The troops in question were not
necessarily of Senegalese origin. For many French people, the term “Senegalese” referred to black Africans in
general, see Myron Echenberg, Colonial Conscripts. The Tirailleurs Sénégalais in French West Africa, 1857-1960
(Portsmouth, NH: Heinemann, 1991), xiv.
129 FR ANOM ALG AINTE/I/9, see correspondence regarding Oued Sebbah.
130 On the place of rumour in nineteenth-century Algeria, see Yvonne Turin, Affrontements Cultures Dans l’Algérie
Coloniale: Écoles, Médecines, Religion, 1830-1880 (Paris: F. Maspero, 1971); Julia Ann Clancy-Smith, Rebel and
Saint Muslim Notables, Populist Protest, Colonial Encounters (Algeria and Tunisia, 1800-1904) (Berkeley:
University of California Press, 1994). It also stands as a reminder of the ties that could exist between auxiliaires médicaux,
indigenous leadership and white-collars workers in the civil service: some auxiliaires médicaux were
related to, or connected by marriage to, teachers, translators, and secretaries in the colonial administration.
economic problems, and remove the existing authority: whether authority was understood to be the local qā‘id or France herself. Sadly, hunger and typhus would weaken this rebellious spirit.

**E maciated “Sidi Tifous”**

The social and economic conditions of the period immediately following the First World War have not received the close attention of historians. As these conditions had a shaping influence on the nature of the work of the *auxiliarat médical*, and impacted the functioning of the *assistance médicale des Indigènes*, it is necessary to reconstruct them in some detail.

Heavy rains disrupted the planting season in Algeria in the spring of 1919. That year, the volume of the wheat and barley harvests, which had each averaged nine million quintals annually during the period from 1913 to 1918, shrank by forty and thirty-three per cent respectively. In contrast, the planting and growing season of 1919-1920 was one of the driest on record. That year, only three million quintals of wheat and 2,700,000 quintals of barley were gathered. Food was scarce and the price of bread doubled. Inhabitants of some *douars* were reduced to eating grass. *Administrateurs and maîtres* reported an increase of banditry in the *bled*. Nomadic herders invaded Europeans’ fields with their animals in search of pasturage; nomads from the south robbed farmers of their grain; and in the summer of 1920, the number of murders and violent attacks increased more than twofold from the previous year.

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133 FR ANOM GGA ALG 10I/7, Petition from representative of Djemaa of Sidi Ykhlif, bin ʿAīcha ben ʿAbd al-qādir bin Muḥammad, to M. Kaïd Hamoud, Délégué financier, 31 March 1921.
134 ADF Afrique 1918-1940. Algérie 22 bis, Table comparing “Etat des crimes & délits commis pendant les mois de
Was this a famine (famine), or only a disette (food shortage)? Alarming reports appeared in the newspapers L’Écho d’Algé and L’Algérie, stating that families and individuals physically exhausted by privation and fatigue were descending upon urban centres in search of alms, where some died without reaching their destination. Officials in the Ministère de l’intérieur in Paris struggled to check the veracity of these statements and to obtain accurate information on what was happening in makeshift camps des meskines (poor camps), where officials fed, fumigated, and buried the poor.

Medical workers who dealt personally with the refugees were explicit: “We should call it what it is,” declared Dr Flotard in Blida, “It is famine with its terrible cortège of contagious diseases.” When Directeur d’études at the École des auxiliaires médicaux Henri Soulié conveyed usual family news (stories of his children’s illnesses and schoolwork) to his sister Rose-Marie in the spring of 1921, he added,

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juillet, août & septembre 1919” and “Etat des crimes & délits commis pendant les mois de juillet, août & septembre 1920.” The table lists 214 incidents of murder, attempted murder and attacks in the period July to September 1919, and 448 in 1920. The carton also contains a series of correspondence attesting to the rise in criminality—and desperation—among Algeria’s “native” population during the summer and autumn of 1920.


137 For example, in Blida, twenty-three emaciated corpses were found in the streets over a period of forty days during October and November 1920: although most were the bodies of infants, young children, or elderly, seven had been day labourers in their thirties and early forties. FR ANOM ALG GGA 10I/7, “Relevé des mendiants décédés du 10 octobre au 20 novembre 1920.”

138 FR ANOM ALG GGA 10I/7, Letter Dr Flotard to Maire of Blida, 29 October 1920. “En somme c’est bien puisqu’il faut l’appeler par son nom c’est bien la famine avec son terrible cortège de maladies contagieuses.” Emphasis in original.
As you will have seen from the newspapers, we have been honoured by the visit of the Minister of the Navy as well as a large group of parliamentarians. An exhibition-fair has just opened; it served as pretext for the junket. Multiple celebrations, each more gleaming than the last, have been thrown. I didn’t take part and continued to turn my wheel. I did mark the antithesis: a horde of natives die of hunger, or are decimated by the typhus that marches at the rear of famine, while a privileged few enjoy and gorge themselves at princely expense.\(^{139}\)

In addition to the epidemic of typhus that continued until 1923,\(^{140}\) there were outbreaks of influenza and smallpox, and increased incidence of tuberculosis and syphilis.\(^{141}\)

Not all auxiliaries médicaux witnessed the refugee crisis personally, but they would have been able to follow these developments in the press. Ahmed Rahmouni, who was now local correspondent for the Echo d’Oran, was the conduit for news of the invasion of the commune of Tlemcen by beggars, as well as accounts of banditry and the “insolent defiance of public authority” in its hinterlands. Rahmouni’s political and journalistic connections gave him undeniable prestige and influence. When disease broke out in the town in 1922, Rahmouni

\(^{139}\) Private collection of Paule Lapeyre, Letter Henri Soulié to Rose-Marie Paget, April 26, 1921, marked 25. “Ainsi que tu as pu le voir par les journaux, nous avons été honorés de la visite du ministre de la marine, ainsi que d’un nombreux groupe de parlementaires. Une foire-exposition vient de s’ouvrir; elle a servi de prétexte au déplacement de nos autorités. Des fêtes multiples, plus brillantes les unes que les autres ont été données. Nous n’y avons pas participé et nous avons continué de tourner notre roue. Nous avons marqué l’antithèse qui se produit: une foule d’indigènes meurent de faim, ou sont décimées par le typhus qui marche en rompe de la famine, ce pendant que quelques privilégiés s’amusent, se gorgent et ce, aux dépens de la princesse.”

\(^{140}\) Official government statistics recorded 6,113 cases of exanthematic typhus between 1 October 1920 and 1 July 1921, and 1,106 cases between 1 October 1921 and 1 July 1922, resulting in a total of 1462 deaths. Actual figures are unknown, since families were reluctant to subject a sick person, or even a corpse, to a doctor or authority-figure for investigation; the authorities were unwilling to alarm tourists, foreign consuls and merchants with alarming statistics; and ultimately, there were too few medical personnel on hand to record morbidity and mortality with any accuracy. Lucien Raynaud, “Rapport sur l’état sanitaire de l’Algérie,” Bull. sanit. Alg. 300 (15 July 1922), 155-153.

disagreed openly with a doctor’s diagnosis of typhus, which “did nothing to smooth the difficulties that [the administrateur] and the medical personnel experienced to secure acceptance for the isolation and disinfection measures required.”¹⁴² The differential diagnosis of typhus was understood to be extremely challenging for rural practitioners of the time,¹⁴³ and thus the uncertainty raised by Rahmouni was politically contentious, rather than scientifically unacceptable.

Typhus was known to be a disease of poverty. But it was also inextricably linked in the minds of European and Jewish physicians in Algeria with rural Muslim poverty: the peasant (fellah), sharecropper (khammes), and nomad were considered fatalistic, improvident, and indifferent to hygiene. It was posited that the post-war epidemic was due to endemic forms of typhus (formes frustes) found in the douars spreading to urban populations of Europeans and Algerians.¹⁴⁴ This prejudice is exemplified by a short poem by Dr Haïm Achour published in the

¹⁴² SAWA 3V61, Letter administrateur CM de la Nédroma to Préfet d’Oran, 2 December 1922. “Cette intempérançe de langage, que je ne connus que trop tard, n’était pas pour aplanir les difficultés que le personnel médical et moi éprouvions à faire accepter les mesure d’isolement et de désinfection indispensables.”
¹⁴³ The causal agent of typhus was unknown to physicians in Algiers, though it was considered to be a Rickettsia. No diagnostic test for typhus was available, and even if one had existed, infirmaries were not equipped to perform serological testing (see chapter two). “Diagnostic différentiel de diverses pyrexies assez fréquents en Afrique du Nord,” Bull. sanit. Alg. no. 301 (15 August 1922).
¹⁴⁴ Evidence gathered by civil servants at the Quai d’Orsay—concerned with labour shortages and the public relations disaster of food shortages—implicates structural factors in the spread of hunger and disease. The French authorities in Algeria, as well as those in neighbouring Morocco, were operating under conflicting imperatives: the necessity to prevent epidemic disease on the one hand, and on the other, the desire to draw on flows of migrant labour originating in the mountains and desert regions of Morocco and Algeria, which were required to keep the price of seasonal labour artificially low. Before the war, the average daily wage received by Algerian Muslims for 8 hours’ labour was 4F in Constantine, 5F in Algiers, and 6F in Oran. During the famine, demand for labour greatly exceeded supply: when the Résident-General of Morocco tried to recruit Algerians from the Département of Oran to work in Rabat, these men demanded 15F in daily wages. In response, local authorities sought to suppress the price of wages by using the labour of prisoners and soldiers. To resolve the food crisis, the French authorities in Algiers proposed employing labourers on public work projects at 4F50 per day. Maires and administrateurs resisted such measures on the grounds that it would draw labour away from farms and mines, and create a class of “idlers.” Instead, these officials recommended refraining from work-welfare programmes until the needs of farmers had been met for the planting season, and families had exhausted their personal savings. Maires and administrateurs also
Bulletin sanitaire de l’Algérie in 1922. In one verse, the poet caricatured how Algerian-style clothing sheltered the louse. In another, he personified the carrier of typhus as a malnourished shaykh or marabout (since he uses the honorific “Sidi”) travelling by camel:

When Sidi Typhus, loathsome and emaciated,
Dons his old harness to scampers throughout the country,
He calls the louse; the camel serves him as page,
He spreads with care, the germ of contagé,
It soon has effect: the sharecropper, the fellah,
Are suddenly infected – Oh Sidi Abdallah!
With the unpitying evil… The louse and its infants
Are soon rejoicing; here they are triumphant!145

The identification between Muslims, poverty, disease, and nomadism found in this poem reinforced existing prejudices, which were also enhanced by attention given to these themes in the press.

Brock Cutler and Bertrand Taithe have shown how environmental disasters and epidemics in 1860s Algeria effected fundamental changes in colonial policy towards the

repeatedly tried to refuse government grants of grain on the grounds that this too would encourage “laziness.” By November 1920, there was a chronic shortage of workers in both fields and phosphate mines: nomads from the south, who normally sold their labour for cash to buy grain, remained in the south, or resorted to stealing grain, while in the north men were generally too weak to work. Administrateurs in the Communes mixtes and maires blamed the labour shortage on idleness. They blocked efforts of the GGA to distribute grain supplies and establish public work projects, on the grounds that such would “reward laziness.” These officials were only willing to countenance government assistance when villagers had exhausted all private resources, yet at the same time they condemned the Algerian population for its lack of providence. The Directeur des mines in Zaccar was one of the few public servants to associate the labour shortage with the widespread physical deprivation among the Algerian population. See ADF. Afrique 1918-1940. Algérie 22 bis. Particularly letter GG to Préfet d’Oran, 29 May 1920; correspondence with administrateurs; and letter Tiquet, Directeur du Société anonyme des mines du Zaccar to Préfet d’Alger, 6 November 1920. The relationship between the colonial economy, representations of Algerian labour and the famine awaits further study.

management of the autho population and its resources.  

Similarly, in the years immediately following the First World War, food shortages and epidemic disease led to a reorientation of sanitary policy. The focus of the assistance médicale des Indigènes and its agents henceforth shifted away from primarily curative programmes towards epidemic disease management.

Because the typhus epidemic and labour shortages were not limited to Algeria, quarantine measures were applied to workers crossing the Algerian-Moroccan border in 1921. Transients were required to pass through disinfection and delousing stations either side of the border (Figure 4.3).

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147 This is not to say that disease management was not a goal of the assistance médicale des Indigènes to begin with, but rather that it assumed greater importance relative to clinic-based treatments.

4.3), consisting of a sulphuration chamber, and auxiliaires médicaux performed triage: sending the sick to a quarantine station; repatriating women, children, the elderly and infirm to their tribe of origin (with presumably little thought to how they would fend for themselves); and issuing able-bodied workers with a sanitary permit to travel before directing them towards construction sites and farms. In theory, this created a strict sanitary cordon. In practice, people evaded the sanitary stations. Lucien Raynaud, Inspector-General of Health for Algeria, wrote that bands of Moroccan indigents were pouring into the towns of Oran. The Maire of Tlemcen, to give one instance, complained furiously of the inconvenience to taxpayers incurred in delousing Moroccans who had turned up in the town’s clinic.

This frontier strategy was subsequently adapted for the Algerian interior. Postes sanitaires de désinsection (sanitary fumigation posts) were set up, many of them headed by auxiliaires médicaux. Douars which were declared contaminated were subject to “defensive and preventive measures,” including isolation of both the sick and suspect cases, disinfection, de-insectisation and sanitary surveillance. Auxiliaires médicaux were among those who were detached to carry out épouillage (delousing) of the populations, their clothes and shelters. They also took responsibility for handing over provisions of grain and barley provided by the authorities. Even raw recruits, first years from the École des auxiliaires médicaux, were

149 Ibid.
151 BNRM. E850, Hygiène Divers 1917-1926. No date.
152 Specifically, the décret Millerand of 17 March 1922, “Décret renforçant les pouvoirs du GGA en ce qui concerne la lutte contre les maladies infectieuses ou épidémiques,” Bull. sanit. Alg. no. 296 (15 March 1922), 49-53.
153 This disagreeable and vile-smelling procedure, which was not always carried out with hot water, was cheerfully put to rhyme by Dr Achour: “Stand up, toubibs [doctors]! All of you arm yourselves/With Sulphur, with petrol; hunt down the louse!/Scour, shower, bathe and leave no place/Where a flame has not passed many times!” See footnote 144.
mobilised in the fight against typhus,\textsuperscript{154} indicating yet again how state officials reserved the right to draw and redraw the boundaries of “illegal” medical practice where it suited them.

As the epidemic diminished, fifteen auxiliaires médicaux were appointed to équipes mobiles des épidémies (mobile epidemic teams), and provided with a vehicle and a driver.\textsuperscript{155} Responders with the équipes performed sanitary checks on nomads who brought their herds and flocks to the north for pasturage during the summer, and performed labour on farms and in mines in order to exchange wages for grain: a practice known as ‘\textit{achaba}.\textsuperscript{156} Thus auxiliaires médicaux were implicated not only in maintaining sanitary conditions, criminal justice and the civil register, but also meeting the labour needs of the agricultural and mining sectors.

It is important to note that isolation measures applied not only to migrant Algerians and Moroccans, but also to Europeans. Auxiliaries and other agents at the postes sanitaires de désinsection along the border with Morocco were instructed to delouse Moroccans travelling in both directions across the border, and “\textit{Dirty Europeans and Natives who have been in contact with typhus [typhiques].}”\textsuperscript{157} However, in towns, inhabitants with resources to obtain a second medical opinion were able to evade quarantine. For example, the police commissioner of Tiaret complained that he was unable to force the hospitalisation of a Mrs Vigiano because after she had been certified as \textit{typhique} her husband produced second medical certificate testifying that

\begin{footnotesize}
\begin{enumerate}
\item[S\textsuperscript{154}] SAWA 3V61, Draft letter GG to Préfet d’Alger, 5 July 1921. In 1922 permission was formally extended to medical students and hospital interns to assist in the fight against the epidemic. “Loi du 6 mai 1922,” \textit{Bull. sanit. Alg.} no. 300 (15 July 1922), 163.
\item[S\textsuperscript{155}] “Équipes mobiles des épidémies,” \textit{Bull. sanit. Alg} no. 302 (15 September 1922).
\item[S\textsuperscript{156}] Nomads then engaged in wage labour so as to purchase grain for their return south. This system was severely disrupted during the food crisis, when nomads either tried to steal grain, or refused to come north altogether, since no grain was to be had. “Déclaration des maladies à forme épidémique,” \textit{Bull. sanit. Alg} no. 306 (15 January 1923),16-20, reference on 20.
\item[S\textsuperscript{157}] FR ANOM CM Tiaret. Letter Brégeat, Chargé du Service départemental d’Hygiène. “Poste sanitaire de désinsection,” 1 February 1922.
\end{enumerate}
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she was not. Even though it was clear that Mrs Vigiano could not be satisfactorily isolated and
cared for in her small two-roomed dwelling, the police commissioner was unable to prevail: “As
you know, discord has long reigned among the doctors of Tiaret, and today’s case that I am
telling you about is one that has happened before. It seems that doctors don’t always give much
consideration to the general interest and public health.”

In the douars, the authorities relied on military personnel to enforce sanitary cordons; in towns, civilian authorities lacked sufficient
power to impose strict quarantines.

Some auxiliaires médicaux contracted typhus in the course of caring for the sick; and a
number of them died. Their contribution to tackling the typhus epidemic of 1920-23 was
recognised by military medics and the central authorities in Algiers with the award of medals.
Fifteen auxiliaires médicaux received a decoration for their services: five Silver médailles des
épidémies, five Bronze, and five Honourable mentions. These awards did not entail immediate
promotion, as they did for médecins de colonisation. Meanwhile, the Algerian treasury was slow
to honour its commitments to veterans, and the administration meted out privileges and
punishments on a discretionary basis—a paternalistic approach that neatly circumvented
demands for broader-based rights.

Dissatisfaction and frustration at low-pay and poor working conditions after their
sacrifices during the war and service during the typhus epidemic propelled auxiliaires médicaux

158 FR ANOM CM de Tiaret, Letter Commissaire de Police to Maire of Tiaret, 28 July 1921.
159 The dead included Smaïn ben Tayeb Benghomrani. CANA DZ/AN/17E/2031, “Rapport Professeur Soulié du 15
décembre 1923, Auxiliaires médicaux.”
161 “Récompenses honorifiques au titre des épidémies en Algérie,” Bull. sanit. Alg. no. 301 (15 August 1922), 194-
197 and 307 (15 February 1923).
to participate in new forms of self-expression and collective organisation. Foremost among these was the *Association amicale des auxiliaires médicaux de l’Algérie* ("Friendly Association of Auxiliaires médicaux of Algeria"), and Mohamed Adjouati’s speech to members of the *Délégations financières* with which this chapter opened. Other activities included petitions to faculty at the Algiers *Faculté de Médecine*, letters to *administrateurs* and officials in the immediate hierarchy, and even petitions to non-governmental organisations such as the *Comité d’Action Franco-Musulman de l’Afrique du Nord* and *Le Mutilé d’Algérie*. Both student and qualified members of the association acted in concert by writing letters to the *Gouverneur général* and “native” representatives in the *Délégations financières algériennes* in the name of their cadres.162 They organised annual meetings, elected representatives, collected dues as well as a fund for widows and orphans, and published their grievances in a *Bulletin*.163 Although some auxiliaires médicaux voluntarily left the ranks of the *Service médical de colonisation* to strike out on their own, most stayed for want of any viable alternative.

**Conclusions**

Through analysis of personnel files, official correspondence, and communal records, I have shown that the circumstances of the First World War enabled auxiliaires médicaux to perform what would previously have been decried as “illegal” medicine. *Auxiliaires médicaux*

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163 CANA DZ/AN/17E/1727.
obliged the civilian and military authorities as well as serving a vital social mission: a mission that was increasingly demanded and expected by rural populations. Their activities far surpassed the fantasies of opponents described in chapter two, and exceeded the official narrative presented by Mohamed Adjouati to the Délégations financières. Auxiliaires médicaux independently operated infirmaries, performed autopsies, and headed ambulances, treating Europeans and Muslims, and probably Jews as well.

Personnel files also reveal that auxiliaires médicaux responded to the growing market for medicine and health products. They pulled teeth, opened pharmacies, and generally used their initiative to meet growing demands. They did this in part to supplement their income: the files indicate a near universal concern with salaries, pensions, and back pay. Auxiliaires may also have engaged in these activities not simply because of economic need, but because they aspired to a much wider field of practice than administrative officials and doctors were normally willing to grant them. Mohamed Zerkine was one of the lucky few to be awarded a military decoration, and after he used his scholarship to qualify in dentistry, he established a top-of-the-range dental surgery. Quite probably the colleagues he left behind also yearned to practice “fully modern” medicine, which they had glimpsed during their training but were unable to exercise in under-resourced infirmaries, under the critical eye of their superiors. Such expanded visions of practice, however, failed to win the approval of the state. When auxiliaires médicaux were caught practising medicine, dentistry, or pharmacy on their own initiative, they were disciplined or dismissed for being insubordinate and presumptuous.
Clearly, there are limits and pitfalls to reconstructing individual life stories and institutional history from personnel dossiers, not least because much of this life was invisible to the state. The most basic limitation is a temporal one. Once an auxiliaire médical left the employment of the state, he became “invisible” to the colonial authorities. And let us not forget that Areski Ouyahia was invisible even when he was nominally still auxiliaire médical for Rébéval. To take another example, Mohamed Zerkine’s life after the medical auxiliariat, his scientific career, political engagements, and passions, are known to us only because of the public press. Another limitation we encounter is that documents in personnel files reflect the categories and preoccupations of the officials who compiled them. Thus, they code political involvements as “disaffection,” or entrepreneurship as “illegal” medicine, and any behaviour that seemed to threaten European privilege as “attitude.” This official shorthand was sufficient for operational purposes, but it excludes friendships, business activities, activities, and opinions that would help the historian understand better the individual whose life is recorded in the dossier.

Greater visibility and individualisation of auxiliaires médicaux in archival documents is a mark of both the new demands placed upon them and the challenging employment conditions which they faced. It also signals the growing maturity of these cadres. By 1914, sixty-two auxiliaires médicaux had completed their training; in 1920 their numbers had reached ninety-

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eight. The nature of the institution changed as it progressed from a dozen individuals to a sizeable group, possessing decades of experience among them. Prior to the war, individual claims and problems had been resolved (or not) through recourse to well-connected patrons. Although such individual strategies continued, after the war both qualified and trainee auxiliaires médicaux adopted collective forms of organisation in order to represent their views and grievances to instructional staff and state officials; as well as to gather to commemorate lost colleagues, to celebrate colleagues’ and mentors’ achievements, and to augment their medical knowledge.165

With hindsight, the auxiliaires médicaux appear to us to be victims of the state and the difficult employment conditions it imposed upon them. Yet personnel files also reveal fissures in the “official” view of state agents, such as the disagreements between administrateurs and doctors detailed in chapter three, or the differences of opinion about Messaoud Aberkane referred to above. What is more, auxiliaires médicaux themselves exerted a kind of ownership over their personnel file. Comparison of handwriting samples shows that it was most often they themselves who filled out their annual Feuilles signalétiques, the digest of their personal details and professional evaluations. If an auxiliaire was accused of a disciplinary infraction, he was entitled to view the personnel file in full in order to prepare his defence.166 Thus it is possible to acknowledge the constructedness of the colonial archives together with the very real asymmetry of power relations between the administration and its Algerian Muslim agents, while recognising

166 See SAWA 3V61, see also CANA GGA Direction de la Santé Publique 220, “Personnel. Santé Publique. Portant création d’une Commission Administrative Paritaire pour le corps des Adjoints Techniques de la Santé Publique d’Algérie.” This policy was not always honoured by officials.
that auxiliaires médicaux themselves believed that there were procedures in place to protect
them. In the next chapter, we will come to see how the auxiliaires became disenchanted with
the system.
Chapter Five

The Lance, the Pen, and the Per Diem: Auxiliaires médicaux, Adjoints techniques de la Santé publique, and Smallpox Vaccination

The French public were latecomers to state smallpox vaccination. Only in 1902 was the procedure made obligatory “during the course of the first year of life, and revaccination in the course of the eleventh and twenty-first year” under the loi du 15 février 1902 relative à la protection de la santé publique.¹ In Algeria, the décret du 27 mai 1907 ordered vaccination for minors at ages one, eleven, and twenty-one years and criminalised variolation, an inoculation technique that used pus taken from a smallpox sufferer’s pustules rather than cowpox matter.² While legislation in mainland France framed the procedure as an “obligation,” the choice of language used to address Algeria’s Muslim population was more absolute. We see this in the following newspaper announcement in Arabic, dated 1927, which suggests an intimidating process of policing and bureaucracy around vaccination in cities:

In conformity with the law of 15 February 1902, the head of the municipality of Algiers announced the operation of compulsory vaccination [al-ṣaṣd al-ijbārī, literally, compulsory opening of a vein] against smallpox for children in their first year, and the obligation for the native population before presenting their child to male doctors and female doctors and presenting their health cards to record them

² This practice assumed a number of forms, but turn-of-the-century doctors with experience in Algeria and Tunisia described a technique consisting of scarification on the back of the hand (generally the left hand) at the base of the thumb and index finger, followed by inoculation with a sharp knife. Meinard, “Variolisation et vaccination en territoire indigène,” Bull. méd. Alg. 17, no. 11 (15 June 1906), 352-368, reference on 353.
in the health register so that the vaccination cards of children born in 1927 can be sent to the health bureau.

Moreover, if new parents do not hurry to register the health card in accordance with the law of 27 May 1907, a fine of 1 to 5 francs will be imposed and prison depending on the premeditation in accordance with article 471 of the penal code.

Then the doctors and female doctors are called to examine the required health cards by taking family details, and the result [of the vaccination] must be noted in the card.3

Following the promulgation of the 1907 decree, each time smallpox cases arose anywhere in Algeria, public health officials invariably identified Algerian villagers—Muslim women in particular—as the source of the outbreak. Officials either accused Muslim women of going from home to home to conduct variolisation, thereby increasing the spread of the disease,4 or reproached them for cloistering themselves in women’s quarters, avoiding vaccination both

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3 “‘Talqīḥ al-jadarī fī al-‘āṣimah,” Wādi Mīzāh, 21 ṭabī‘a al-thānī 1347/5 October 1928. “bi-muqtaḍā qānūn 15 fiīrī sana 1902 a’alana ra’īs baladiyyat al-jazā’ir bi-iṯrār al-faṣṣ al- ihtibārī ẓidd al-jadarī lī-l-āṯfāl fī sanāṭīhim al-īlāmah wa l- wājib līʾal al-ahālah qabla ṣarāḍa atṭāḥāmah ʿalāʾal al-tāḥībā wa l-tāḥībāt wa ʿarada tadhākirahum al-ṣīḥiyah taqyyīdīhā fī al-sijl al-ṣiḥi idh fa-laamma waṣiṭat tadhākir al-faṣṣ li-āṯfāl sanah 1927 līʾal al-maktab al-ṣiḥi. / hadha wa anna lām yubādir al-mutākhalaqūn inā līs taṣṭīl al-tadhākir al-ṣīḥiyyah ʿalāʾal muqtaḍī qānūn 15 fīrī līʾal-īlāmah. / Thumma anna al-āṯībā wa l-tāḥībāt al-mādūrūn ilā faḥṣ al-tadhākir al-ṣīḥiyah maṭlūbūna bi-ākhār al-irshādāt al-īliyyah, kāmā an al-nātāʾāh al-ḥasab il- iṯrār waṣīqan li-mādāt 15 fīrī min qānūn al-īʾuqūbāt. / Thumma anna al-āṯībā wa l-tāḥībāt al-mādūrūn ilā faḥṣ al-tadhākir al-ṣīḥiyah maṭlūbūna bi-ākhār al-irshādāt al-īliyyah, kāmā an al-nātāʾāh al-ḥasab il- iṯrār waṣīqan li-mādāt 15 fīrī min qānūn al-īʾuqūbāt. / Thumma anna al-āṯībā wa l-tāḥībāt al-mādūrūn ilā faḥṣ al-tadhākir al-ṣīḥiyah maṭlūbūna bi-ākhār al-irshādāt al-īliyyah, kāmā an al-nātāʾāh al-ḥasab il- iṯrār waṣīqan li-mādāt 15 fīrī min qānūn al-īʾuqūbāt.” Only the cities of Algiers, Oran, and Constantine had a Bureau d’hygiène, and so these formalities did not obtain elsewhere, regardless of whether they were actually observed and enforced in these urban locales. A decree of 4 April 1920 mandated the opening of these offices in every town with a population of more than 20,000, meaning that more than a dozen municipalities were in contravention of the law: for example, in 1938 the Directeur départemental d’Hygiène deploré that only one in seven Oranese towns had a Bureau d’Hygiène. M. G. Mirante, “L’organisation des Services techniques d’hygiène, de désinfection et de lutte contre les maladies épidémiques dans le département d’Oran. Historique et état actuel,” Oranie médicale 2, no. 2 (1939), 5.

4 Articles in Bull. méd. Alg., Algérie médicale, and Bull. sanit. Alg. include scattered references to court cases against variolators, all women, who were fined and given suspended prison sentences. For example, Hamida ben Mohamed Zahi was sentenced by the Repressive Tribunal of El-Arouch to a suspended sentence of six months and a 100F fine, see “Poursuite pour variolisation,” Bull. sanit. Alg. 299 (15 June 1922), 135. Women accused of variolising were not always brought before the courts. FR ANOM ALG CONST B3/452 refers to the administrateur of La Meskiana who locked a woman in the administrative bordj overnight as punishment for variolising, but eventually released her (Letter, Administrator La Meskiana to Préfet de Constantine, 5 December 1916). Further documents from La Meskiana show that Europeans as well as Muslims had recourse to variolation and vaccinations from unofficial sources: for instance a French widow carried her daughter, Cyprienne, along 40km of unpaved road to Aën Beida for an unofficial “vaccination” only after she was refused treatment by the doctor. The women of La Meskiana sought to protect their children and families despite physical and verbal threats from both the doctor and administrator.
for themselves and their children, thereby reducing the level of immunity in the population. Attributing noncompliance to “native” gender traditions, however inconsistently these were interpreted, was consistent with colonial ideology that depicted a struggle between civilisation—represented by the French state—and primitive traditions—represented by Algeria’s Muslim population.

Contrary to this rhetoric, as this chapter will demonstrate, during the interwar period, rural Algerians tolerated smallpox vaccination campaigns to a remarkable degree. In the 1920s and 30s in particular, vaccination rates were impressive both in comparison to uptake of this invasive procedure in the nineteenth- and early twentieth-centuries (see chapter 1), and in contrast with contemporary vaccination levels in France. The evidence of colonial and metropolitan statisticians suggests that from the 1930s until the outbreak of the Second World War, more smallpox vaccinations were administered to the total Algerian population per capita relative to that in metropolitan France—8.44% in Algeria 1935 compared with 3.25% in the metropole—and fewer people died from smallpox as compared with the population on the continent. From 1931 to 1934, eighty-six cases of smallpox were declared in Algeria; in the same period, seventy times as many people died from the disease in the metropole, at a time when the ratio of the two populations was roughly 1 to 6.3. In 1939, médecins de colonisation went so far

as to speak of “the total disappearance of smallpox.”⁷ One of the reasons for this transformation was the action of the Algerian medical auxiliary.

The aim of this chapter is to provide an account of auxiliaires médicaux and adjoints techniques de la Santé publique (henceforth ATSPs) as they interacted with administrative bureaucracy and with villagers in the course of vaccination rounds. The core of the chapter addresses smallpox (variola) vaccination, but it also extends to discussion of other types of vaccination, namely the Bacillus Calmette-Guérin (BCG) tuberculosis vaccine. Auxiliaires médicaux and ATSPs were not the only health workers responsible for these interventions, since physicians and a new state-employee called the infirmière visiteuse coloniale (colonial visiting nurse, henceforth IVC), as well as laypersons such as teachers and paramedical assistants, also carried out the procedure. Nonetheless, vaccination was physically demanding work in which auxiliaires médicaux and ATSPs were particularly invested. Attention to vaccination affords unparalleled insight into the ways in which official public health policy was translated into practice on the ground, and how gender was supposed to shape this practice. It also exposes the relationships among medicine, technologies of administration, and clerical work in the lives of these medical workers.

The chapter begins with a description of the regulations and debates that guided the participation of auxiliaires médicaux and ATSPs in vaccination work. I then reconstruct routines of vaccination on farms and in douars in the Communes mixtes of Aïn Temouchent and Tiaret in Oran in western Algeria, and in villages in the arrondissement of Bougie/Bejaïa in Kabylia, to

the east of Algiers. Comparing sites has the advantage of focusing attention on aspects of the procedure that became standardised across Algerian territory, while drawing out differences in execution that resulted from the contours of the regional economy, society, and rural infrastructure, as well as differences attributable to the practices of individual vaccinators.\(^8\) I conclude by reflecting on the prominent place that vaccination occupied in the understanding that "auxiliaires médicaux" and ATSPs held of their profession. This analysis demonstrates how and why medical auxiliaries became increasingly implicated in the administration and documentation of vaccination; and indicates some of the ways in which vaccination shaped these agents’ self-perception.

It must be acknowledged that it is rather artificial to draw a boundary around a single disease or a single public health intervention.\(^9\) Vaccination work was not merely an occasion for the delivery of vaccine, but was also viewed as an opportunity to carry out medical consultations, distribute drugs, enforce sanitary measures, or autopsy bodies.\(^10\) However, there is a strong methodological argument in favour of a narrow focus on vaccination. Because of the unique


legal status of smallpox vaccination as the only biomedical intervention that was absolutely required by law (as opposed to sanitary measures such as quarantine or fumigation), it was centrally funded and coordinated by the state. Thus documentation pertaining to the procedure appears reliably, if unevenly, across communal records in Oran, Algiers, and Constantine, whereas the distribution of other disease records is inconsistent. This makes vaccination a valuable sampling device for understanding how disease management formed part of emerging technical and bureaucratic realities of French rule in Algeria.

Vaccination Policies and Gender Propriety

Auxiliaires médicaux were considered an essential component of compulsory vaccination from their origins. Prior to the passage of the 25 May 1907 decree on vaccination, Gouverneur général Jonnart expanded the purview of auxiliary’s practice to include delivery of the smallpox vaccination, since it was recognised that doctors were insufficiently numerous to carry out the requisite work. Initially, only the préfet of Algiers authorised auxiliaires médicaux to vaccinate independently of a doctor, and allocated them the fees that went with the procedure. The préfets

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11 Before April 1921, opportunities for employment as an administrative controller of vaccine and disinfection services were reserved for “native” veterans of the French army and under the control of the Commission des emplois réservés aux anciens militaires. The change marks vaccination’s transformation—administratively speaking, rather than from the perspective of villagers and tribes—from a military procedure or one supervised by ex-military figures, into one overseen by civilian officials: first within the Bureau de l’Intérieur, and from 1926 within the DSP. On the decision, see “Emplois reserves aux anciens militaires indigènes,” Bull. sanit. Alg. no. 140 (15 June 1922), 140. The positions of chaouch, park-keeper, and cemetery warden, and from 1916 the right to hold a license for a Moorish café (café maure), continued to be the perquisites of veterans.

12 On the basis of communal records, I would estimate that anti-malaria measures (drainage, quininisation, DDT spraying) absorbed more manpower and more funds than any other public health intervention; but this work and its costs were shared across the Institut Pasteur, private business, and state, departmental, and commune budgets. Malaria and typhus were implicated in a huge range of medical, social, and economic problems throughout the colony, and thus either of these diseases also might serve as a sampling device for exploring aspects of the political economy of disease, state policies, and sanitary practices in practice.
of Constantine and Oran restricted vaccination work in their départements to doctors and midwives.\textsuperscript{13}

Subsequently, the préfet of Constantine, but not Oran, allowed auxiliaries to claim vaccination honoraria as they did in Algiers.\textsuperscript{14} Auxiliaires médicaux also carried out vaccination rounds in the military-controlled Territoires du Sud (Southern Territories), where they supplemented military and missionary efforts.\textsuperscript{15} We learn this because Si Ahmed Ahmed (’16) sent indignant letters to government officials when he discovered that the vaccinations he performed in the south were reimbursed at half the rate of vaccinations in Algeria’s three départements.\textsuperscript{16} Although assistance in the “northern” and “southern” territories was ostensibly managed independently, this example shows that there was some pooling of resources between the two, at least regarding vaccination.

The administration had resort to auxiliaires médicaux to supplement a shortfall in vaccinating physicians in north and south, and to circumvent corporate interests. For example, in 1922, the maire of the Commune de Plein exercice of Tizi Ouzou diverted Areski Ouyahia (’04)

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\textsuperscript{14} “Congrès des auxiliaires médicaux du 8 avril 1928,” Attakaddoum 101 (5 May 1928), 3.
\textsuperscript{15} Assistance and sanitation in the Saharan Territoires du Sud were controlled by the military, with the cooperation of religious societies, the Soeurs Blanches (White Sisters) in particular. For colonial-era literature on medical assistance in the TDS, see Henri Foley, “Rapport sur l’Assistance médicale des Indigènes dans les Territoires du Sud (de 1919 à 1921).” GGA, Les Territoires du Sud, exposé de leur situation (Algiers: Jules Carbonel, 1922); Direction des Territoires du Sud et DSP, L’Assistance médicale dans les Territoires du Sud. Notice No. 3 (Algiers: Imprimeries « La Typo-Litho » et Jules Carbonel Réunies, 1934). For a case study of military versus religious objectives in the provision of healthcare to Algerians in Ghardaïa, see Claire Fredj, “« Et il les envoya prêcher le royaume de Dieu et guérir les malades… » (Luc, IX, 2). Soigner les populations au Sahara : l’hôpital mixte de Ghardaïa (1895-1910),” Histoire, monde et cultures religieuses 22, no. 2 (2012), 55–89.
\end{flushleft}
from his work in the Commune mixte of Rebeval to carry out almost 4,800 vaccinations and revaccinations for Europeans and Muslims in the town, because communal and private physicians were protesting against the low fee-per-vaccination set by the Conseil général d’Alger.\textsuperscript{17} This episode shows that the complaint that state-salaried doctors would take clientele away from private (European) physicians, an oft-cited common concern of corporate groups in Algiers, was not without foundation (see chapter two).

Despite a de facto reliance on the auxiliaire médical as a vaccinator on the ground, urban administrative officials believed that he was an unwelcome vaccinator because of his gender; indeed, auxiliaries were formally prohibited from vaccinating women in the département of Oran on the grounds of “their [women’s] customs.”\textsuperscript{18} Customary practice pertaining to the segregation of the sexes was invariably invoked to explain the origins of smallpox outbreaks and treated as the major cause of resistance to vaccination, thus reinforcing officials’ view that rural underdevelopment was the fault of Islam, not of the failure of the French “civilising mission”.

For instance, Lucien Raynaud blamed a 1925 epidemic on the inability of the auxiliary “to penetrate the women’s quarters [gynécée]”:

\begin{quote}
[S]ent to vaccinate the tribes, alone or accompanied by a simple cavalier of the Commune mixte, he has no authority; they show him only the children and a few elders, always the same ones. He cannot vaccinate any women, any young girl. The adults are at work, they do not come to the summons, and so those who
\end{quote}

\textsuperscript{17} CANA TDS 0438, Letter Massonet, Chef Adjoint des services de l’hygiène délégué départemental to M. L’Inspecteur Général des services de l’hygiène et de la santé publique de l’Algérie, 25 August 1922.
\textsuperscript{18} FR ANOM CM Tiaret, Letter Sous-Préfet Mostaganem to Administrator CM Tiaret, “Variole. Vaccination obligatoire,” 12 November 1927. The varying prefectoral response to the 1907 circular suggests a division of views between officials who thought that lack of personnel or a common language were the main obstacles to uptake of state medicine, and those who thought that the barrier was due to cultural attitudes.
escape the procedure are numerous. Gradually the number of natives who have not acquired immunity or who have lost it grows.\footnote{250}

Despite his insistence that human behaviour was to blame for the 1925 epidemic, Raynaud himself produced evidence that a particularly virulent strain of variola virus and the movement refugees from the Rif war in Morocco, not women’s avoidance of vaccination, were important factors; Muslim women were an easy target however.\footnote{19} Smallpox cases reached their peak in 1927, and once again, Muslims were blamed for the epidemic. This time it was Directeur \textit{départemental de la Santé publique} for Oran, Albert Brégeat, who blamed the epidemic on Muslim women and children who had escaped vaccination.\footnote{20} Subsequently, in 1930, researchers at the \textit{Institut Pasteur d’Algérie} judged that the 1927 outbreak had, in fact, been caused by deficiencies in the quality of the vaccine used that year.\footnote{21} The scientific apparatus of the colonial

\footnote{19} Lucien Raynaud, “La Variole en Algérie,” \textit{Bull. Sanit. Alg.} 337 (15 December 1925), 248-251, quotation on 251. \footnote{20} Raynaud attributed smallpox deaths in Oran (forty-seven) on contamination from the Rif region in the North of Morocco, and the high number of deaths (1,018) in Constantine to the continued practice of variolisation. He did not make the connection between smallpox and a low vaccination rate: vaccination was carried out for 1 in every 17.94 people in Constantine, compared with 1 in every 14.48 in Oran, and 11.83 in Algiers. Assuming that variolisation was particularly prevalent in Constantine, we would expect to see consistently high morbidity in this \textit{département} compared with Algiers and Oran, and yet Constantine saw some of the lowest levels of smallpox from 1928 onwards. The statistics Raynaud presented offer another way of thinking about the 1925 epidemic, as he noted that disease was particularly virulent that year. One in five cases erupted within the city of Algiers itself, where survival rates in the city were 80\% in July 1925, decreasing to 50\% in December 1925. Lucien Raynaud, “La Variole en Algérie,” \textit{Bull. sanit. Alg.}, no. 337 (15 December 1925), 248-251. \footnote{21} A dossier on vaccination in FR ANOM ALG AINTE/I9 records that there were 4,366 cases in 1927, with 3,176 of them originating in Oran. The médecin de colonisation for Ain Temouchent, where smallpox was particular severe, recognised that “The last vaccine sent by the Institut Pasteur had no efficacy. Youth vaccinated during the last tour showed no sign of a reaction when they were followed up.” This was ignored by the Directeur départemental de Santé in Oran, Brégeat, who repeated the trope about women and access to the vaccine. See Letter Dr Brégeat to Préfet d’Oran (Assistance Publique), 20 June 1927; also Brégeat, “Nécessité d’une équipe mobile pour lutte contre le typhus et la variole,” \textit{Bull. sanit. Alg.} no. 356 (July 1927), 142-3. \footnote{22} “Le Service central de l’hygiène publique et de la médecine preventive en Algérie (suite et fin),” \textit{Bull. sanit. Alg.}, no. 390 (May 1930), 156-176, reference on 158. As a result, the vaccine service made modifications to the preparation of the vaccine. Doctors and scientists at the \textit{Institut Pasteur} also noted that duration of protection was much shorter than the ten-year interval required by law, and so encouraged revaccination every three to four years.
state actually disproved an orientalist trope that blamed disease on its Muslim victims, although this went unacknowledged by Raynaud and Brégeat.\footnote{Cf. Helen Tilley on how scientific experts and knowledge production under colonialism could subvert the socioeconomic and political values on which British colonial rule depended, in Tilley, \textit{Africa as a Living Laboratory: Empire, Development, and the Problem of Scientific Knowledge, 1890-1950} (Chicago: University of Chicago Press, 2011).}

Because of the putative connection between vaccination resistance and women, officials imagined that respect for gender differences would guarantee smoother administration of the vaccine.\footnote{Trumbull argues that gender segregation was a central way in which colonial ethnographers understood and framed Algerian society, see George R. Trumbull IV, \textit{An Empire of Facts: Colonial Power, Cultural Knowledge, and Islam in Algeria, 1870-1914} (Cambridge: Cambridge University Press, 2009), 181-182.} And so a new category of health worker, the IVC, was created in 1926 by \textit{Gouverneur général} Maurice Viollette (1925-27). Viollette also ordered the creation of mother and baby services, the \textit{Assistance aux mères et aux nourrissons} (AMN), on 1 March 1926, although only in 1934 did \textit{conseils municipaux} move to establish these services in notable number.\footnote{As with free consultations, the costs of the Assistance des mères et nourrissons were shared across the colony, the commune, and the douars. CANA GGA DSP 223, Département de Constantine, Assistance aux Mères et aux Nourrissons. Justifications des dépenses de fonctionnement. 1er semester 1935.} The IVC and AMN were destined to reach populations to which \textit{auxiliaires médicaux} supposedly had no access.\footnote{Claire Fredj, “Encadrer la naissance dans l’Algérie coloniale. Personnels de santé et assistance à la mère et à l’enfant « indigènes » (XIXe-début du XXe siècle),” \textit{Annales de démographie historique} 122, no. 2 (2012), 169–203.}

Members of the \textit{Association amicale des auxiliaires médicaux d’Algérie} (AAAMA) protested against the view that it was inappropriate for them to vaccinate or treat women. Amokrane Ould Amer (’29) insisted to the \textit{Inspecteur de la Santé publique} for the colony that, “[Prejudices] have disappeared for the majority if not the totality. I am speaking of the native woman not wishing to let herself be examined and treated by the \textit{auxiliaire médical}. It is
incorrect to think this, because they let themselves be treated quite readily nowadays.” It is revealing that some auxiliaires médicaux had to perform “mother and baby” consultations, for which they were allegedly unsuited, because of the small number of trained IVCs available.

Initially, there was rivalry between the IVC and the auxiliaire médical, almost certainly fomented by auxiliaries’ mentors in Algiers, Belkacem Bentami and Henri Soulié, as well as the inveterate hostility of médecins de colonisation to women in the medical profession. In a manner parallel to the way in which heads of hospital clinics refused to accept auxiliaires médicaux on their staff on cultural grounds, claiming that their presence would upset female Muslim patients (see chapter three), a spokesman for the auxiliarat justified antipathy to the IVC on the basis of culture. Amokrane Ould Amer insisted that it was not the Muslim, male auxiliaire médical who upset local gender norms by examining women, but rather the IVC, an unmarried woman who traipsed about the countryside entirely unchaperoned. When nurses received male

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27 CANA DZ/AN/17E/1094, Letter Amokrane Ould Amer to Alexandre Lasnet, “Notes sur l’assistance médicale en Algérie à M. l’Inspecteur Général « LASNET »,” 24 August 1932. “Je tiens à dire que les préjugés ont disparus pour la majorité si non la totalité. Je veux parler de la femme indigène ne voulant pas se laisser examiner et traiter par l’auxiliaire médical ; c’est une erreur que de croire cela car elles se laissent facilement soigner actuellement.”

28 CANA TDS 0438. Letter Idir Zarouri to Dr Bendjelloul, Herbillon, 6 August 1927; Letter Dr Bendjelloul to Sous-Prefet Bône, s/c Maire d’Herbillon, 10 August 1927.

29 Bentami turned down the offer to become instructor to the visiting nurses programme, and demanded instead improvements to salaries and promotions for medical auxiliaries. CANA DZ/AN/17E/2063 “Procès verbal de la séance du 7 Janvier 1932 de la Commission annexe d’élaborer des propositions à soumettre au Gouverneur général en vue de diverses réformes à apporter au fonctionnement de l’hôpital Parnet et de l’Ecole d’infirmières-visiteuses y annexée.” Henri Soulié was furious that ten instructors had been hired for the visiting nurse programme, which was two-years in duration and had only eleven students in 1929, whereas the auxiliaire medical school had only two instructors for its three-year programme. CANA TDS 0101, Letter Henri Soulié to Governor General, 27 December 1929.

30 On the hostility shown by doctors towards visiting nurses, and how gender discrimination trumped racial difference, see Charlotte Ann Legg, “Imagining Le peuple nouveau: medicine and the press in French Algeria” (Ph.D. Dissertation, New York University, 2013), 234-51. On the ill-will shown by doctors towards the IVC, and how gender discrimination trumped racial difference, see also Claire Fredj, “Le médecin de colonisation dans sa circonscription,” paper presented at the Middle East Studies Association annual meeting, New Orleans, 10 October 2013.

31 CANA DZ/AN/17E/1094, Letter Ould Amer to Alexandre Lasnet, 24 August 1932. “D’autre part on ne peut
patients in their homes, or were seen courting a Muslim, or even talked to a married man, European and Muslim villagers alike were in high dudgeon. Colonial administrative officials understood rules on gender to be the central moral problem of Algerian society, but, as it transpired, this was hardly unique to Islam.

In 1932, Gouverneur général Henri Carde (1930-35) ordered that auxiliaires médicaux should focus their health education efforts on Algerian (male) notables, reflecting the desire of the state to preserve established hierarchies of both power and gender. In contrast, medical auxiliaries themselves expressed the desire to exert a more direct form of action upon various segments of the population. Amokrane Ould Amer, for example, proposed that auxiliaires médicaux should be allocated responsibility for training older women who birthed children. Ben Smaïl Saharaoui ('06) insisted that the auxiliary, an “Executor and Educator,” could acquire authority over both men and women—but mothers in particular—with the quasi-magical efficacy of modern therapeutics and his knowledge of individuals’ personal circumstances:

The auxiliaire médical must teach his coreligionists […] that the treatments they obtain from French medical aid are not only free, but also much more effective and useful than the knick-knacks of healers, charlatans and old women. […] By means of short lessons he must demonstrate to them the benefits of hygiene and medicine, giving them examples such as the miracles of Neo-Trépol – [syphilis] lesions disappear as if by enchantment,…the effects of Dakin on

vraiment pas loger l’infirmière visiteuse en plein douar quand bien même elle serait marié (dans ce cas son mari ne trouverait pas de travail) et si elle est célibataire la chose est impossible.” Indeed, after early concerns about auxiliaires médicaux feeling awkward around female Muslim patients, as mentioned in chapter two, this particular problem no longer features in archival records.

32 I did not make a thorough study of IVCs personnel files. The two that I examined in detail were both dogged with scandal! CANA GGA DSP 029, Ernestine Aucher. FR ANOM 91303/127, Melle de Santo Marie, Rose.
34 CANA DZ/AN/17E/1094. Letter Ould Amer to Alexandre Lasnet, 24 August 1932.
wounds, of copper sulphate glycinate for [trachoma] granulations; of quinine for
fevers, etc.

[He should] let them know how he treated this or that illness, providing
evidence and giving names if he must: Ahmed is blind because his mother poured
onion in boiling hot butter into his eyes as a treatment; Aïcha killed her baby by
making him swallow a drug that she made with scorpion and oil; Tahar had his
foot amputated because he played around aggravating a small wound by applying
tar picked up on the road, alas! Fatima, wife of Kouider, mother of five children,
poisoned herself by inserting opium poppies in her vagina, on the say-so of an old
woman, to stop herself having more children. She no longer has to worry about
that.

Saharaoui imagined the role of the medical auxiliary to go behind that of controlling infectious
disease, to encompass health education work in the community. He disregarded official advice
that prioritised male notables, instead making women and children the specific concern of the
auxiliary. For example, Saharaoui’s text went on to list the ways in which the auxiliaire médical
might directly advise women on childbirth and infant care—even though such topics as
obstetrics and puericulture were nowhere included on the curriculum of the auxiliaire médical,
because the administration believed that Muslim women patients would simply not tolerate their
care.

35 CANA DZ/AN/17E/1045, Smaïl Saharaoui, “Exécuteur et éducateur, voilà le rôle de l’auxiliaire médical par
Saharaoui Smail auxiliaire médical de 1ere classe à Medea,” 1.
36 Ibid. Saharaoui cited instructions on neonatal resuscitation, infant bathing, feeding patterns, weaning, and the
proper care to take with infections, including the importance of vaccinations. Saharaoui must have obtained the
information on his own initiative from further reading. One possible source from which he gained this information
was a health column—entitled “The Preservation of Health. For the Public of the Muslims of North Africa” (Hafẓ
al-ṣīḥḥa li-ʾāmma muslimī shamāl Ifriqiyya)—in the bi-monthly newspaper Attakaddoum (Le Progrès) edited by his
former instructor Dr Belkacem Bentami. The newspaper appeared irregularly during the 1920s. Bentami published
articles in Arabic and in French which advocated for rights, the franchise, and freedom of colonised populations. A
column titled “Hafẓ al-ṣīḥḥa li-ʾāmma muslimī shamāl Ifriqiyya” was based on passages copied verbatim from a
Institut Pasteur health manual of the same name written mainly by Louis Parrot, Kitāb eṣ-ṣīḥḥa ḥaː Le livre de la
bonne santé. Dédie aux musulmans de l’Afrique du Nord/ Kitāb fi hafẓ al-ṣīḥḥa li-ʾāmma muslimī shamāl Ifriqiyya
(Paris: Imprimerie nationale, 1922). On 1 and 15 April 1924 the newspaper column featured advice on
breastfeeding. For information on Attakaddoum and other Arabic-language papers, see Zahir Ihaddaden, Histoire de
Despite the concerns held by colonial officials, avoidance of vaccination at the hands of auxiliaires médicaux was never explicitly raised as an issue of controversy, either by these agents in their letters and essays, or in the pages of the Arabic- and French-language press.  

Collectively, auxiliaires médicaux were dissatisfied with ad hoc arrangements that placed colleagues in the départements of Oran and Constantine at a financial disadvantage compared with other medical professionals and their counterparts in Algiers, since the former were unable to claim honoraria even though they administered vaccines. Members of the AAAMA appealed for all members of the corps to be “appointed to the office of vaccinator” in all three départements and to receive direct payment for vaccinations. This was only one of several voeux (motions) passed by the association, which ranged from demands for improved remuneration, more regular promotion, and official recognition as hospital clerk and commissary (économats).  

A revised statute implemented on 3 October 1934 occasioned a number of changes to auxiliary training, but official status as vaccinators and material improvements were not among them. Under the terms of the new statute, auxiliaires médicaux were retitled adjoints techniques de la Santé publique and the length of their training was extended to three years. ATSPs were

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40 Emphasising the cadres’ “technical” rather than their “medical” capacities was a way of mollifying physicians’ long-standing resentments about challenges to the hierarchical order of the medical profession, but other revisions to the programme gave these agents a much more ambitious and substantive grounding in medicine. Training had
recognised as vaccinators only insofar as they performed the procedure, “Under the responsibility of the doctors involved, subject to their authorisation and after approval of the prefectoral authority.” ATSPs continued as de facto vaccinators, however, and with the outbreak of the Second World War, their cooperation was recognised as essential for seasonal vaccination rounds to “proceed as normal”.

Administrative Routines and Rituals

What constituted a “normal” vaccination round? The profile of official policies outlined above demonstrates how auxiliaires médicaux and later the ATSP assumed the task of vaccinating people in all three départements of northern Algeria, and occasionally in the military-controlled southern territories. Evidence from three regions—the Communes mixtes of Ain Temouchent and Tiaret in Oran, and villages in the arrondissement of Bougie/Bejaïa (Figure 5.1) is marshalled here to reconstruct the details of the planning and organisation of these procedures.

previously been oriented towards so-called “native” pathology, which as we saw in chapter two emphasised dermatological, venereal, and parasitic infections. The reorganised curriculum introduced in 1935 comprised a much broader approach to pathology, medicine, and surgery, within which the obligatory references to “native” and “North African” diseases remained. Entirely new parts of the curriculum included “Social medicine”—tuberculosis, trachoma, venereal disease, and maternal and infant protection (PMI)—and “Notions of administration.” Significantly, the revised statute failed to address the material concerns articulated by auxiliaires médicaux since at least 1923: job security, transparency in the assignment process, access to housing, housing subsidies, and an increase to the cap on travel allowances (see below). The only concessions to auxiliaires médicaux’s demands were the additional year of study and the replacement of the eliminatory Arabic paper with written examination in either classical Arabic or Algerian dialect, with a dictionary. Entrants could choose to sit an optional oral Berber exam.

42 FR ANOM CM Tiaret, Letter Dr Mirante to Maires and Administrateurs, Oran, 2 October 1939.
Routine vaccinations were scheduled twice annually, in the spring and late autumn. This timing avoided the hottest months when the vaccine spoiled: from May to October and during the hot south wind (locally known as qīblī, “southern, south wind,” or al-simoun, “the poisoned”). Sessions were also scheduled to avoid the most labour-intensive periods of the agricultural year. In addition, vaccinations had to be planned in conjunction with vaccine production. In 1927, the Institute Pasteur d’Algérie was able to produce 20,000 doses per day per département, and one in every fourteen doses was stored in reserve for use in case of epidemics, when vaccinations were administered en masse. Because of the limitations of the chain of delivery, vaccinations were performed arrondissement by arrondissement, beginning in cities and the most populous European settlements. Official data on the number of vaccinations

45 For example, FR ANOM ALG AINTE/I9 Letter Dr Brégeat to Préfet d’Oran, 20 June 1927.
46 FR ANOM CM Tiaret, 31 October 1927.
administered per département from 1924 to 1933 shows that vaccinations were not conducted equally across départements, but rather that each département was prioritised in alternate years.47

Vaccination sessions were coordinated differently according to territory. In Communes de Plein exercice, free public vaccination sessions for Europeans, Jews, and Muslims took place at the Town Hall on fixed days and times for a specified period during the spring and in the autumn, typically during March and October,48 with the schedule announced in the local press.49

In contrast with the urban experience, in the douars, illiterate Muslim villagers generally learned of scheduled vaccinations by word-of-mouth from elders and leaders of tribal fractions, who were ordered by the qāʾid to assemble the specified age cohorts at a named date and time. From 1922, qāʾids received a book of instruction from the Institut Pasteur d’Algérie, entitled Kitāb al-Ṣiḥḥa (The Book of Health). The booklet listed human and animal diseases and the hygienic principles by which to avoid them, the better to instruct the populace. The section on al-jadarī (smallpox) declared, in a tone far more severe than that adopted in French-language documents addressed to a European audience, that:

Verily today we have a beneficial and effective means of driving smallpox. It is that which is termed by vaccination [talqīḥ] of smallpox, and it is inoculation [fāṣd]. Sanitary laws impose it definitively for people of one year of age and 11 and 21 years, so that whomsoever disobeys these laws and does not adhere to

47 FR ANOM ALG GGA 8X/186. Dr Georges Fournier, rapporteur, Conférence économique, commission de la prévoyance médicale sociale, 2ème sous-commission, “Rapport no. 3 (3). Programme de lutte contre la variole,” 3.
48 Doctors and midwives also provided vaccination for a fee. Free revaccinations at age eleven occurred at school for all enrolled students.
49 The following is a small sample of these announcements: “Vaccin antivariolique,” Courrier de Tlemcen, 24 March 1922, 2; “Vaccinations et revaccinations gratuites et obligatoires,” L’Echo de Bougie, 11 October 1923, 2; “Kouba – Vaccination,” L’Echo d’Alger, 3 February 1926, 4; Vaccinations et revaccinations gratuites et obligatoires,” L’Echo de Bougie, 7 March 1926, 4.
them that should have been subject to it [vaccination], out of ignorance or forgetfulness or lassitude will receive punishment.\textsuperscript{50}

It should be noted that the distinction outlined here between town and \textit{douar}, written and oral modes of communication, did not always hold. In Kabylia, a region with the least underdeveloped system of “native” schools and a strong connection to metropolitan France through labour migration, the \textit{Institut d'Hygiène} in Algiers circulated a tract on smallpox in the press and announced information on the wireless in 1925.\textsuperscript{51} And state authorities were not alone in using print media to distribute orders: members of the Beni-Douala tribe in Fort National/Larba’a Nath Irathen placed an advertisement in \textit{L’Écho d’Alger} to complain of the appalling sanitary situation in their villages, in order to prompt (or shame) the doctor and ATSP into attending them.\textsuperscript{52}

Vaccination in the \textit{douars} differed from the pattern in cities and towns in a number of other respects. In the \textit{douars}, there were rarely public buildings in which to hold sessions; the location of vaccination sites varied by terrain. In densely populated rural areas in Kabylia, villages were used as vaccination points. In Tiaret, half the population of the region continued to live as transhumant pastoralists. This meant that vaccinations were offered at landmarks such as Tiaret’s important regional market, and at Sufi lodges, among them the \textit{zāwiyya} of Sidi ‘Adda of


\textsuperscript{51} “A propos d’un tract sur le variole,” \textit{Bull. sanit. Alg.}, no. 337 (15 December 1925), 251.

\textsuperscript{52} “Beni-Douala. Situation Sanitaire,” \textit{L’Écho d’Alger}, 4. “A la suite des fortes chaleurs et des brusques changements de température, il est à signaler dans presque tous les villages de la région de nombreux cas de fièvre. La population souhaiterait que le médecin de colonisation de Fort-National ou l’adjoint technique de la santé publique fasse dans le secteur une tournée de dépistage. La situation de nos fellahs est très angoissante. L’année agricole est presque nulle. La gêne proche de la misère s’installe dans de nombreux foyers.”
Ouled Lakred. Other vaccination points were larger farms and barracks, which had the advantage of making attendance easier for agricultural labourers and their families if housed on the property.

Doctors possessing familiarity with local terrain might fix itineraries themselves; otherwise it was left to the *administrateur* to devise the route and the length of time to be spent at each vaccination point. These routes became hallowed by repeated use. When the newly arrived *médecin de colonisation* in Montgolfier informed the *administrateur* of Tiaret that he planned to carry out April vaccinations in the *douars* of Guertoufa, Torrich, Tagdempt, and Ouled Ben Affane, he was instructed, “in the interest of the [vaccination] service it would be preferable to make not changes to the existing state of affairs.” Whether or not it was actually the case, the *administrateur* believed that any break with tradition “would risk creating uncertainty dangerous to hygiene and to public hygiene [*salubrité*].”

Administrative routines made concessions to local “tradition” in a variety of other ways. In March 1942, a researcher from the *Musée de l’Homme* in Paris, Renée Hogarth, arrived in Algeria to undertake an ambitious programme of ethnographic research, the centrepiece of which was to be the collection of samples for a study of distribution of blood types and racial typology.

53 The shaykh of the zāwiyya gave shelter to the sick and weak. For instance, the visitors numbered 275 in the spring of 1928: “weakened elders some of whom are widows, mothers, orphans some of whom are blind, and the out-of-work some of whom can work but they can’t find work, and they have nothing.” “al-shayūkh al-ʾājīzūn wa min-him al-arāmil umuhāt al-aytām wa min-hum al-ʾammāʾ wa al-mu’attalān wa min-hum al-qādirūn ʿala al-khīdma wa lam yamuddūhā wa lam yakun la-hum shaiʿun.” FR ANOM CM Tiaret. Letter Cheikh Ghlamallah to Administrator CM Tiaret, 25 March 1928.

54 See for example FR ANOM CM Tiaret. Itinéraire des tournées de vaccination et revaccination 1927.

55 FR ANOM 91303/127. Letter Dr Hadj-Said to Administrateur CM Sersou, 29 April 1940.

in Kabylia. Hogarth arrived during Algeria’s most severe typhus epidemic since 1868, which seriously delayed her, requiring her to remain in Algiers indefinitely. She was eventually able to depart for research purposes during the autumn vaccination season. Despite travelling with the full backing of the Gouverneur général, Hogarth noted that it was “impossible […] to pass off the [blood] draw as a vaccination for fear of disturbing the round that was to take place some time later.” The villagers she met would accept smallpox vaccination but many were unwilling to be treated like “laboratory animals,” and so refused to submit to a blood draw. Apparently, educated Kabyles and those who had lived and worked France were the most suspicious of her intentions. Administrateurs could not, and would not, permit Hogarth’s racial science research to jeopardise the smooth administration of the vaccine.

A further complication arose because of popular health beliefs that accompanied vaccination. Typically, vaccine was delivered into a scarification (long cut) in the skin, either on the deltoid-V of the shoulder or on the thigh. In “Arab medicine,” scarification was used medically to remove congestion, and while blood loss was considered a natural occurrence for women, it was thought that men retained the same amount all their lives. Thus it was commonly believed that blood depleted during the procedure had to be replaced in order to restore the body to balance. The sight of children clutching squabs, chickens, or eggs at vaccination sessions initially perplexed Hogarth, but she quickly came to realise that these were consumed immediately after the procedure for restorative purposes, with the result that “In

58 Ibid., 242.
60 Interview with Tilly Houria Djouadi, founding member of the Algerian Fédération nationale des Donneurs de sang, Algiers, 30 September 2010.
regions where the vaccination round preceded me, they [fowl] could not be found and goodwill was scarce.” Hogarth had travelled to Algeria with a view to learning about traditional Kabyle medical therapeutics and rituals, including *ziyārat* (pilgrimage circuits) to saintly tombs and Sufi lodges. Although she was unaware of the irony, her anecdotes help illuminate a twice-annual government ritual, with its own circuits of travel conditioned by pre-existing disease and weather patterns, administrative habit, and even chicken supplies.

“*The Way is Long [...] and Makes People Ill*”

Vaccination procedures required considerable investment from both those who administered them and the rural populations who were subject to them, because of the difficulties of transportation and the widespread distances involved. Extant itineraries of vaccinators show weeks of early departures and hard travel by pack animal and foot along rough-hewn paths and tracks connecting villages, and *fractions or boccas* (groupings of houses in a tribe or village). Typically, numerous vaccination points were visited in a single day, which meant repeatedly dismounting and remounting a pack animal, a time-consuming ordeal when the time allotted to the procedure in any given location was short.

To consider a few concrete examples, in October 1936, Abbas Rahal ('32) spent nineteen days on horseback in the region of El-Milia, travelling 1,084 kilometres to vaccinate 6,889 people. Kabyle populations lived in closer proximity and so were easier to gather in one locale.

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62 For example, in the spring of 1927, Driss Meliani started vaccinating in Tiaret at 7.30 am and began the last session of the day at 6.00 pm, visiting as many as five *douars* each day. FR ANOM CM Tiaret “Itinéraire des tournées de vaccination et revaccination 1927.” See also FR ANOM CM Cheliff, Letter Administrator to Préfet d’Alger (Affaires indigènes), “Soins médicaux aux populations indigènes,” 10 August 1923.
63 Service des Archives de la Wilāya de Constantine (SAWC), Archives communales 631. “Vaccinations. Etat des
than villagers and nomads in Tiaret or Aïn Temouchent, but the routes between sites were still difficult and potentially treacherous. In 1926, Idir ben Tahar Zarouri (’10) was left with a permanent limp after fracturing his femoral shaft during a vaccination mission in the hills around Collo. Amokrane Ould Amer cited the physicality of the procedure as another reason that the IVC was not suited to work in the *bled*, as “You cannot demand of the constitution of even the chirpiest woman to ride a horse for most of the day, several times a week, to go to different *douars* that are always a long way from the centre, to state the principals of hygiene in a language that it is difficult or almost impossible for her to acquire”.

The difficulties of reaching remote areas with the vaccine were cited as justification for the expense of *équipes sanitaire mobile* (mobile sanitary teams, ESM) introduced in Algeria in 28 November 1928. Initially, the ESM was launched to provide support during epidemics, namely the typhus outbreaks of 1921 (see chapter four). An ESM comprising a doctor, *auxiliaire médical*, IVC, and driver was first introduced in Oran—inspired by the example of *groups sanitaires mobiles* in neighbouring Morocco—to arrest the progress of typhus and smallpox epidemics, and subsequently the model was extended to the *départements* of Algiers and Constantine, where these teams became a permanent feature, providing basic health services.

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64 CANA TDS 0438, “Feuille signalaetique,” Idir ben Tahar Zarouri, 1926.
65 CANA DZ/AN/17E/1094, Letter Ould Amer to Alexandre Lasnet, 24 August 1932.
67 CANA DZ/AN/17E/1813, “Réorganisation des équipes sanitaires mobiles. Documentation divers.” GGA to Ministère de l’Intérieur (Direction du Contrôle, de la Comptabilité et des Affaires Algériennes), 15 December 1938. The ESM in Oran was modelled on the practice in neighbouring Morocco.
The most attractive feature of the ESM to doctors and patients was their use of motor power. However, differences in terrain as well as the quality and number of roads meant that Mohand Ould Ramdane Amrane (’04) in Akbou was obliged to rely on animal transportation at a time when his colleague Mohamed Riahi (’09) in Aïn Temouchent was assigned the use of a communal vehicle for vaccination rounds. Some auxiliaires médicaux used their own personal motorised transportation—cars and Motobécane scooters—to facilitate their work, but this practice had to be suspended during the Second World War because of petrol shortages. The introduction of motorised consultation vans from the late 1940s generated very positive attention

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68 Ideally, more services should emulate the ESM, thought retired médecin de colonisation Charles Alquier: “Mobile equipment, on good roads or bad paths, must be fast. We must avoid the long and often vain waiting for pack animals, reduce the time wasted, the exhaustion of agents, and the wear done to equipment on the back of a mule or camel”. Alquier’s vision was slow to be realised. CANA DZ/AN/17E/1813. Letter Charles Alquier to Albert Brégeat, 23 February 1928.
69 FR ANOM ALG AINTE/I9, Letter Administrateur to Médecin chef de l’hôpital auxiliaire Aïn Temouchent, 1 April 1940.
70 FR ANOM Q1 Haut Sebaou-Azazga, Letter GGA to Préfet du Département de Constantine, 1 July 1943.
[Figure 5.2]. Unfortunately, the vehicles were frequently out of commission, and could be unusable during bad weather when roads were impassable.\textsuperscript{71}

Administrateurs in the Communes mixtes complained that one consequence of rivalries among fractions was that men forbade their womenfolk and children to travel to vaccination points, thus reproducing the argument made by their departmental superiors about gender rules standing as a barrier to vaccination. Yet husbands expressed their objection to travel rather differently. In a petition dated 15 April 1928, seventeen men who signed themselves “the husbands of the breastfeeding women of awlād l-Akrād [Ouled Lakred]” begged the administrateur of the Commune mixte of Tiaret to “close the soap station for breastfeeding women” (\textit{tabṭīl al-maḥatta al-kāina li-l-nisāʿ al-murda ʿāt min al-ṣābūn}). By the “soap station” they meant the local \textit{Assistance aux mères et aux nourrissons}, at which health checks and vaccinations were performed, and products such as Nestlé milk, children’s clothes, cloth for women’s \textit{gandouras} (embroidered dresses), and kilo upon kilo of soap were distributed in an effort to incentivise attendance. The men complained that the journey to appointments “wears out the people, and wears out the young children, from being carried. The way is long for some people and because of carrying [the children] it makes them ill.”\textsuperscript{72} That these men connected the

\textsuperscript{71} FR ANOM 91303/127, Letter Administrateur Sersou to Directeur de la Santé publique, 22 February 1949 “Demande d’une voiture sanitaire de consultations.” CANA DZ/AN/17E/2003, Robert Kessis, médecin de Santé in Adekar; Dr Eldin, médecin de Santé in Djidjelli-Dusquesne: “à noter l’augmentation des consultations gratuites depuis l’utilisation de la salle consultations automobile.”


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inconvenient service with soap supplies, and made no reference whatsoever to the medical examinations provided at the station, indicates to us something of the women’s actual priorities.

Saddle-sore doctors interpreted tardiness as an insult to their position—“It is unacceptable that patients take the Doctor for their lackey,” wrote Dr Albou to the administrateur of the Commune mixte of La Séfia, after he was kept waiting at a vaccination session—but accurate timekeeping must have been very difficult in the douars, where people were too poor to afford shoes (see assembled crowd in Figure 5.2), let alone a timepiece. And it was not always the vaccinator who was required to wait; indeed, at least one doctor warned his colleagues to be punctual, lest rural populations be wary of wasting time with the procedure in the future.

The inconvenience of vaccination for inhabitants of remote douars is dramatised in a detailed police report taken down in Rabelais/Aïn Merane in 1923. The report narrates the circumstances that led to a scuffle between auxiliaire médical Belkacem Hili and a man known as Kacem bel Adj, head of a tribal fraction in the camp of Awlād Belkacem. Bel Adj had gathered all the children of the bocca and hauled them in bad weather across hilly territory to reach a vaccination point in Hérenfa/Hranfa at 9.00 am. Since vaccination was legally required for children from the age of one, many of the children would have been infants-in-arms. When Bel Adj and his brood reached the designated place, the auxiliaire médical could not be found, and so the children were obliged to wait in the rain without protection from the elements. Hili

73 FR ANOM 93502/10, Letter Dr Albou to Administrateur CM La Séfia, 10 November 1947.
74 M. Meinard, “Variolisation et vaccination en pays indigène,” reference on 360. “Il est de bonne tactique de ne jamais manquer à la convocation, car l’Indigène, empêché de vaquer à ses occupations ordinaires à ce moment-là, ne consentira peut être pas la prochaine fois à ce sacrifice, d’autant plus qu’il ne comprend pas encore l’utilité de la vaccination et la considère plutôt comme une corvée.”
was eventually discovered sheltering in a *gourbi* in an effort to avoid the rain himself. Not surprisingly, a vehement exchange of words and resort to blows swiftly followed.\(^{75}\)

**The Colonial Paper State**

In order to prevent altercations at vaccination sessions, and to ensure a good response to the summons, the *qāʾid* in each *douar* facilitated the operation. He arranged the requisitioning of horses or mules,\(^ {76}\) and accompanied the doctor, *auxiliaire médical*, or ATSP to *douars.*\(^ {77}\) The *qāʾid*’s deputy (*nāʾib*), or a policeman (*chaouch, garde champêtre*) might also escort the auxiliary. The *qāʾid*’s capacity or reputation for violence doubtless lent authority to the efforts of the *auxiliaire médical* or ATSP. However, there was more to his cooperation than overt or covert coercion, as I shall illustrate with reference to an episode described in a letter from the *qāʾid* of Ouled Lakred to the *administrateur* of Tiaret in 1926:

Your letter dated 23 January reached me ordering that I patrol the *fraction* and seek information about cases of smallpox, and if I found it to tell you about it immediately. I was intent on doing that when the doctor’s deputy and Abed the bailiff arrived, and in their hands was another letter dated the 6 February instant. I had to go with them towards the Gilbert Farm in *duwwār* *awlād al-ḥājj Abghūl* so that we could look at the sick people in the *duwwār* and vaccinate the people in their entirety, so I went with them and we looked at all the people in the *duwwār* in its entirety men and women, old and young and we did not find a thing [smallpox] as I told you. I am still searching for it, and if I find it I will let you know immediately.\(^ {78}\)

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\(^{75}\) Service des Archives du wilaya d’Alger (SAWA) 3V61, Report, Gendarmerie National, 19\(^{e}\) Legion, 2\(^{e}\) Compagnie, Arrondissement d’Orléansville, Brigade de Rabelais. Etienne Goutaudier, chef de brigade de 4\(^{e}\) classe, 24 October 1923.

\(^{76}\) FR ANOM CM Tiaret, “Itinéraire des tournées de vaccination et revaccination 1927”.

\(^{77}\) FR ANOM CM Tiaret, Letter Médecin de colonisation Montgolfier to Administrateur of CM de Tiaret, 30 March 1927.

We can draw several inferences about the role of vaccination and sanitation in state-society relations from this document. First, the language of communications such as this evinces how compulsory vaccination from 1907, and forms of sanitary policing from 1908 (year of the application of the *loi sur la protection de la Santé publique* to Algeria), became a mechanism through which indigenous leaders sought to construct their relationship with colonial authorities. The *qāʾid* is emphatic about his prompt response to administrative orders. The rhetorical construction of the note stresses the thoroughness of the sanitary inspection: for example, witness the use of *mubālagha* (exaggeration) in the phrase *rijālan wa nisāʾ an kibāran wa ṣughāran,* and the repetition of verbs connoting surveillance. Even if some *administrateurs* read only the French version of the report, and thereby overlooked the detailed manner in which the *qāʾid* expressed concern for sanitation and disease, the historian can interpret reports such as this as a means by which the *qāʾid* sought to prove his fitness to administer.

Second, such reports evince that the association between *qāʾid,* medical auxiliary, and medical services contributed to expanding populations’ view of the former’s role. From being a figure notorious solely for extraction (of labour or taxes) and the infliction of punishment, the *qāʾid* now performed sanitary tasks and offered a route to obtain medical services. Other

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* al-ṭabīb wa ʿĀbid al-shāwush wa bi-yaddaihūmā risālatuka aḏān al-muʾarriḵī 6 fifrī al-jārī. lā buḍa nqaddam maʿa-hūmā ḥadhwa Firma Jilbīr (Ferme Gilbert) bi-duwwār awlād al-hājj Abghūl li-yanzīrū al-mard al-kān bī l-duwwār wa yaʃsadū bi-l-kulliya li-l-ahal fa-qaddamtu maʿa-humā wa nazārnā jamīʿ aahl al-duwwār rijālan wa nisāʾ an kibāran wa ṣughāran wa lam nujīdū shaʿī an ʿamma annī akhbaruka wa lā ẓiltu afḥaṣū an dhalika wa anna wajadtu nuʿalim bihi fi al-hīn wa l-salām min qāʾīd awlād l-akrād bi-tārīkh 7 fifrī sama 1926.” French translation: “Conformément à vos ordres du 23 janvier dernier me prescrivant de faire des tournées au sujet de la variole ; j’ai l’honneur de vous rendre compte que pendant que je faisais ma tournée j’ai rencontré l’auxiliaire médical accompagné du cavalier Abed muni d’une lettre de votre part du 6 courant pour me prendre avec eux au douar Ouled Elhadj Peghoul situé près de la ferme Gilbert. Nous nous sommes rendu sur les lieux et nous avons réuni tous les habitants hommes, femmes et enfants que nous avons visité.”

documents show that the qāʾid also wrote hospital referrals, for example, and in emergencies called upon the auxiliaire médical to attend villagers in the douars under his authority.\(^80\)

Finally, the letter above reveals something important about popular perceptions and expectations surrounding vaccination procedures. When the qāʾid encountered the auxiliaire médical en route to a farm, the latter not only travelled with an official escort, but also with a letter “in his hands.” This suggests that the qāʾid’s person was not sufficiently forbidding to force people into attendance at vaccination sessions: even illiterate populations had come to expect to see evidence of the summons on paper. I speculate that it was precisely because rural populations, European as well as Muslim, could not read such administrative talismans for themselves without an intermediary that these documents held such power.\(^81\) In the same way, they were incapable of reading the five-foot high poster that listed each commune’s règlement sanitaire, yet it nevertheless loomed over them at the administrative bordj and was used as justification when a qāʾid, medical auxiliary, or médecin de colonisation proceeded to isolate the

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80 FR ANOM CM de Ténès, Letter qāʾ id douar M’cha’a to Administrateur-Adjoint, Rabelais, 11 May 1939. See also correspondence in FR ANOM 92501.

81 On the importance of writing to the relationship between French military authorities in the Bureaux Arabes, qā ids, and shaykhs in Algeria, see Establet, Etre caïd dans l’Algérie coloniale. Brock Cutler is currently working on an article that explores the relationship between writing and violence, “Massacres and Modernities: Nature and Scandal in Nineteenth-Century North Africa” (bcutler2@radford.edu).

Watching Rachid Bouchareb’s Hors la Loi (2010) recently, a film not noted for its historical accuracy, I was struck by a gesture in the opening scene, which illustrates the connection between the written word and the exercise of power. The year is 1925. The camera pans from a man working a dusty field to three figures approaching on foot in a cloud of dust. A child shouts that it is “al-gerdramiya,” that is, the qāʾid accompanied by two police or gendarmes (although it was very unlikely they would approach on foot). He has come to evict the family from the property they have occupied for generations. “Heh. ʿAindi amr al-tribunal,” states the qāʾid, pulling a piece of paper from his coat pocket. “Kull hadī al-qāṭ’a mta’a Monsieur Guerini njjār” (Hallo. I have a court order. All this land belongs to Mr Guérini the carpenter). The farmer holds the paper in his hand but does not (cannot) read it. “Sidi al-qāʾid,” he exclaims, surely this can’t be happening. “ʿAindik ʿaqd al-malkiyya?” asks the qāʾid (Do you have the deeds?). “Wāsh min ha?” (What about them?), asks the farmer, “ʿUmrna ma kanʿ aindna hatta ʿaqd” (We’ve never in our lives had such a thing as a deed). Then there is nothing to be done, responds the qāʾid: “Hadūm al-qāwanīn wa ana ma nqadrsh kallifhā” (Those are the laws and I can’t overturn them). As the qāʾid departs in a trail of dust, the mother shouts, “Wāsh bi-hum hādū, hablū? ʿalāma aqall nsibū min dārna?” (What’s wrong with these people, are they mad? Only a sign and we have to leave our home?).
sick, whitewash huts and coffee shops with lime, disinfect linens and personal objects, or even burn clothing, huts, straw and other effects in times of epidemics (Figure 5.3).\textsuperscript{82}

![Figure 5.3. Règlement sanitaire Hamma, Constantine
Source: Archives de la Wilaya de Constantine. Archives communales 685. Commune mixte règlement sanitaires communaux E à A, 1910-1920.](image)

Adhering to the theme of paperwork, or that which some historians of science have recently begun to analyse as “paper technologies,”\textsuperscript{83} we see that the contributions of the medical

\textsuperscript{82} In the Arabic translation of the regulations, the severity of these measures was tempered by the promise of compensation in cash or in kind under unspecified “certain circumstances” (“wa anna kiswatahu tahriq lamma an tazhara thalika li-l-taib al-ahālī wa kathlika al-garāḥah wa al-ighdān wa al-tībīn wa ghair thalika wa annahu yasūgu muʿāwada thalika bi-l-darāhim aw bi-ghairihī fi ahyān khusūsiyyah”). See for example, Boet, “al-qānūn al-hawz fi ḥafṣ al-sīḥa” for al-Hamma, 16 January 1910, cf. Cortade, “Règlement sanitaire de la Commune Mixte de Fedj M’Zala”, 9 October 1910. Compensation was not mentioned in the French original, and I have found no evidence in the archives that compensation was ever paid. It may have been hoped that the choice of the Islamic legal term for a commutative contract (muʿ āwadāh), to represent “compensation” would create an atmosphere of trust around sanitary measures that were otherwise highly distressing, since they left the recovering person, or her family, without shelter and clothing. However, the choice of term is confusing, since it typically refers to the exchange of habūs property for private property, see Tal Shuval, “La Pratique de la muwāda (échange de Biens habūs contre propriété privée) à Alger au XVIIIe Siècle,” Revue du monde musulman et de la Méditerranée 79, no. 1 (1996), 55–72.

auxiliary to vaccination were not limited simply to its administration, but also included the aspect of its documentation. As state registration became more systematic in rural areas, the kinds of records generated by vaccination, even in the *douars*, became more detailed and profuse. Given that vaccination paperwork and sanitary reports signed by doctors were regularly completed in the hand of the *auxiliaire médical*, we can safely suggest that much of the simple bureaucracy around medicine and public health in the *Communes mixtes* and at the *hôpital auxiliaire* was made possible by the existence of these secondary personnel and their scribal skills.

In Aïn Temouchent in the 1930s, the logistical planning of vaccination rounds in the *douars* began with the *administrateur* ordering the *qāʾid, adjoint indigène*, or *auxiliaire médical* to produce lists of names of the children and young people subject to vaccination and revaccination. Extant lists (Figure 5.4) are organised by *douar* and by tent, which suggests that a documentary source other than the *État civil* was used to compile the names—since births and deaths were registered chronologically in that register, not by *douar* or family name. In other cases, lists were divided by *fraction* or *douar partiel*, and further subdivided into the three target age groups of one, eleven, and twenty-one years. The *administrateur* despatched a copy of the

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84 The process of civil registration began in 1876 with the Sénatus consulte, but registration spread gradually. The announcement of births and deaths and their registration was made obligatory in Algeria in 1930 and 1934, and Kamel Kateb suggests that *état civil* became regularised around 1938. Even after this date, births were not always declared: this was more frequent when the mother had married before the legal age. Kamel Kateb, “La statistique coloniale en Algérie (1830-1962) : entre la reproduction du système métropolitain et les impératifs d’adaptation à la réalité algérienne”; Kamel Kateb, *Européens, “indigènes” et juifs en Algérie (1830-1962), représentations et réalités des populations* (Algiers: INED, 2001). 114.

85 FR ANOM ALG AINTE I/9, Draft letter, Adjoint Principal of CM d’Aïn-Temouchent to ATSP, 20 October 1939.
lists to the *préfecture* so that the name-lists could be verified, along with an order for the requisite quantity of vaccine.\(^{86}\)

Subsequently, as the *auxiliaire médical* vaccinated, he compiled a logbook assigning a number to each vaccinated subject, and listing family name, first name, and ages of vaccinated and revaccinated children, adults, and elders. The names could then be compared with the initial lists and sent to the *préfecture* to be placed on record. For example, in 1937 Mohand Amrane filed a logbook with the names and ages of 3,704 vaccinated or revaccinated men, women, and children.\(^{87}\) Public health officials in the cities, as described above, frequently claimed that “Women and children, who never turn up at the appointment, are never vaccinated”, but the Akbou logbook lists the names of male and female children and adults, suggesting that total avoidance was not typical of all regions, if indeed it occurred in some places.\(^{88}\)

Another form of paperwork associated with vaccination was the *rapport général* (general report) (Figure 5.5), which detailed the results of each cycle of vaccination. Vaccination was not a single event. The first step comprised scarification and delivery of the vaccine into a long cut in the skin; the second step entailed the inspection of the inspection of the vaccination site up to a week or so later for signs of the red itchy bump which proved that the vaccination had taken. The standardised *rapport général* form was introduced in the 1920s,\(^{89}\) but seems to have been

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\(^{86}\) FR ANOM ALG AINTE I/9, Letter Directeur Mirante, Inspecteur principal des Services d’Hygiène to Administrateur de la CM d’Aïn-Temouchent, 2 January 1939.


\(^{88}\) The phrase is Albert Brégeat’s, “Nécessité d’une équipe mobile pour lutte contre le typhus et la variole,” *Bull. sanit. Alg.*, no. 356 (15 July 1927), 142-143, reference on 142.

\(^{89}\) General reports dating from the 1930s use pre-printed stationary forms from the 1920s, which leads me to assume a start date in the 1920s. See SAWC, Archives communales 631.
Figure 5.4. Children in Ain Temouchent to be vaccinated
Source: FR ANOM AINTE I/9.

Figure 5.5. Rapport général submitted by Mouloud Bouchidel (’10), Autumn 1936.
Source: Service des Archives de la Wilāya de Constantine (SAWC). Archives communales 631.
retained more systematically from the 1930s, the era which copies can typically be found in communal archives. The form included information on seven aspects of vaccination: the place, date, and number of vaccinations administered; the division of the categories of vaccination, namely first, second revaccinations, and voluntary vaccination, together with an additional column to record “success” and “failure” rates; and, finally, the batch number for the vaccine. The inclusion of vaccination data traceable to a specific batch number meant that the form, if filled and filed accurately, had the potential to be utilised to conduct quality control of vaccine production. Unfortunately, this section was not always completed.

On evaluating reports from the Bougie/Bejaïa region for 1936, it is clear that the “success” rate of vaccination varied considerably across batches of vaccine, ranging from 84.6% to 96.7% for first-time vaccinees, whose reactions were the most vigorous. Vaccinators interpreted a skin reaction as a sign of “success” and the lack of a reaction as a “failure.” Articles in the Bulletin sanitaire de l’Algérie discussed the lack of international consensus on the optimal number and length of vaccinal incisions, and on the virulence of the lymph necessary to provide the best immunity with the minimum of local and general reactions. Thus, although smallpox vaccination was compulsory by law, and therefore a “standard” procedure, it was

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90 SAWC, Archives communales 631, “Protection de la Santé publique (décret du 27 mai 1907). Service de la vaccination et de la revaccination.” Rapports généraux generated in 1936. Success rates across Bougie in 1936 were 21.6% to 74% for revaccinees and 13.8% to 44% for voluntary vaccines.

91 These results are not helpful for telling us how much protection was actually being conferred. Anne-Marie Moulin reminds us that smallpox vaccination long preceded the development of an immunological account of its effects—even with the introduction of the attenuated vaccin-virus Louis Pasteur referred to it as “the great unknown of medical science”—and that vaccination operated as a “metaphor.” Anne-Marie Moulin, “La Métaphore vaccine,” in Anne-Marie Moulin (ed), L’Aventure de la vaccination (Paris: Fayard, 1996), 125-142, reference on 134.

conducted in non-standard ways: which had implications for the benefits and risks of vaccination to the populations concerned.

A final piece of paperwork related to vaccination was a columnar worksheet, drafted by hand, for expense claims (Figure 5.6) This worksheet included information on the places and dates of vaccination sessions, number of kilometres travelled, and the number of vaccinations performed, with fees expressed as the sum of distance allowances and honoraria. From 1921, doctors, *auxiliaires médicaux*, and midwives nominally received 0.10F per vaccination, a daily travel allowance of 0.15F, and a distance rate of 0.50F per kilometre; on 1 January 1927, these rates increased to 0.25F, 20F, and 1.50F respectively.  

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**Figure 5.6. Worksheet for vaccination fees and travel reimbursements**

“Vaccinations. État des sommes dues à Monsieur Rahal Abbas, Adjoint technique de la santé Publique à El’Milia pour vaccinations & revaccinations opérées pendant le mois d’Octobre 1936. Source: SAWC. Archives Communaux 631.”

It is impossible to evaluate the immunological and demographic effects of these vaccination campaigns. Yet without any doubt, vaccination was very significant for auxiliaires médicaux and ATSPs, since it provided them with a much-needed source of supplementary income. For example, in 1936, Mouloud Bouhidel ('17) in Khenchela and M’hammed Ben Jeddou ('11) in Morris, both ATSP 1st class, were owed 1,003.50F and 1,147.25F respectively for their vaccination work, representing approximately six per cent of their annual salary. The accumulated sums were far more significant for lower ranks: Abbas Rahal, ATSP 6th class in El-Milia, was owed 1,855.25F for vaccinations in the month of October alone, representing 16.1 per cent of his salary.

While vaccination logbooks and rapports généraux held administrative and scientific utility, the expense worksheet also served a managerial purpose: ensuring that auxiliaires médicaux and ATSPs were carrying out their assigned duties and not presenting false expense claims. On 3 June 1936, delegates of the Section indigène of the Délégations financières algériennes discussed the modicity of the sums allocated to auxiliaires médicaux. Dr Abdelkader Smati proposed increasing the budgetary allocation for auxiliaires médicaux travel expenses by 130,000F—equivalent to an increase of 1300F per agent. In response, Dr Mohamed Bendjelloul commented, “The tours must actually be performed.” Smati responded that he had no reason to

95 SAWC Archives communales 631, “Vaccinations et revaccinations 1937. État des sommes dues à M. Bouhidel Mouloud Adjoint technique de la santé publique à Khenchela pour vaccinations opérées dans le courant de l’année 1936 dans la Cme mixte de Khenchela” and “Vaccinations et revaccinations 1937. État des sommes dues à M.Ben Jeddou M’hammed Adjoint technique de la santé publique à Morris pour vaccinations opérées dans la commune mixte de l’Edough de l’année 1936.” The annual salary for the 1st class rank was 17200F in 1935.
96 SAWC Archives communales 631, “Vaccinations. État des sommes dues à Monsieur Rahal Abbas Adjoint technique de la santé publique à El’Milia pour vaccinations & revaccinations opérées pendant le mois d’Octobre 1936.”
doubt that they were. Both men began their careers as médecins de colonisation, and so would have been aware that monitoring the activity of auxiliaries was a particular priority for the colonial administration. The columnar expense worksheet required the signature of the auxiliaire médical/ATSP, the approval of the médecin de colonisation, and a countersignature from the administrateur for payment to be cleared. It was not uncommon for the administrateur to query the sums involved: “[I]t is physically impossible,” insisted the administrateur of Sédrata, “[for Lahoussine Dib] to have carried out this [vaccination] work properly in three days, in view of the distances, dispersion of the population and the number of stops.” Thus vaccination was a preventive measure made possible by agents of policing and auxiliaires médicaux, who created a basic bureaucracy around the procedure; and in turn were themselves policed by this very bureaucracy.

“A Total Ignorance of Algerian Problems”

In chapter one, the analysis of fiscal instruments and municipal budgets indicated the mechanisms by which the costs of assistance for Muslims and Europeans were, for a time, funded and justified at the level of the Communes mixtes. The forensic study of expense procedures and receipts related to public health is similarly rewarding, for it reveals much about the constraints within which medical auxiliaries worked.

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98 FR ANOM Q1 Haut Sebaou-Azazga, and FR ANOM CM Ténès. Circular, 9 September 1932.
99 For an explicit reference to this directive, see FR ANOM ALG AINTE I/9, Letter Youcef Aissaoui to Administrateur de la CM Aïn Temouchent, “Vaccinations,” 14 October 1940; Letter Adjoint Principal to M. Le Préfet Assistance Publique Oran, “Vaccinations et revaccinations. Mémoires des sommes dues à M. Aissaoui Adjoint technique,” 15 October 1940.
There was no limit on the honoraria that could be claimed by auxiliaires médicaux and ATSPs for administering vaccinations. In contrast, per diem expenses for medical and first aid missions were calculated according to a complex system of rates and allowances. Expenses were first categorised according to the length of the mission, that is, on the number of hours and meals it required, and whether an overnight stay was necessary. In the latter case, a higher day rate was allocated depending on whether the mission took place over a period longer than thirty days.\(^\text{101}\)

Within each of these categories of expenses, the amount allocated varied according to five grades of civil servant. “Muslim” auxiliaires médicaux were at the bottom of this hierarchy. They were classed within “Group V”—“native agents remaining subject to Muslim personal status and who have their own mode of recruitment”—along with rural policemen and chaouches. Professors at the Médersa, instructors in mosques (mouderrès), notables (bach-aghha), and judges (qādi) merited a higher category.\(^\text{102}\) The small number of auxiliaires médicaux and ATSP who became naturalised French citizens were categorised separately: citizens who were trainees and classes one through four were classified in Group IV, and citizens in the classe exceptionnel in Group III. The difference between daily allowances for Group V and Group III, “Muslim subject” and naturalised French citizen, ranged from 10F50 to 27F. The result of this “anomaly” was that “a young auxiliaire médical who is naturalised French receives more for his rounds and missions than those auxiliaires médicaux first class and above (20 to 25 years of

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\(^\text{101}\) See FR ANOM Q1 Haut Sebaou—Azazga, Arrêté 15 January 1933. The functionary had the right to one meal allowance if the mission lasted longer than seven hours, and two meals if longer than twelve but fewer than eighteen hours.

\(^\text{102}\) CANA GGA DSP 079, “Note à Monsieur le Directeur des Services Financiers. Auxiliaires médicaux. A. S. de leur classement dans le Groupe V.” 11 July 1933. “Dans le cinquième groupe seront rangés les agents indigènes restés soumis au statut personnel musulman et qui ont un mode propre de recrutement; cette disposition n’est, toutefois, applicable ni aux professeurs de médersas et mouderrès ni aux bach-aghhas, ni aux cadis.”
service) who remain unnaturalised.”

This stark difference is a reminder of the privileges that accrued to a minority of people in Algeria under French colonial rule—naturalised settlers, along with a much smaller number of Arab Jews and a tiny proportion of the Muslim population—and the distinctions that were made between naturalised and “indigène” agents even when, as in the case in point, they held objectively the same training and qualifications.

To make matters worse, and after all these intricate calculations, the travel allowance was capped annually, again varying from one class of the hierarchy to another: 900F per annum for Group V functionaries, 1,000F for Group IV, and 1,200F for Group III. Once the budget was exhausted, further reimbursements were denied. This meant that by the end of the Spring vaccination rounds, auxiliaires médicaux had already received the full extent of their annual travel reimbursement. In 1932, the préfet d’Alger instructed maires and administrateurs in his département to arrange medical rounds in such a manner that maximum annual travel allowance would not be exceeded, except in instances of epidemics. Although auxiliaires médicaux and doctors were expected to complete weekly rounds, if they complied, any costs associated with them had to be met from their own means.

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103 CANA DZ/AN/17E/1094, Letter Ould Amer to Alexandre Lasnet, 24 August 1932. “Un jeune auxiliaire médical naturalisé français touche pour ses tournées et missions plus qu’un auxiliaire médical de 1ère et hors classe (20 à 25 ans de service) resté non naturalisé.”

104 The medical auxiliary himself was required to sign an acknowledgement of these terms. FR ANOM Q1 Haut Sebaou, Letter Préfet d’Alger to M. le Sous-Préfet de Tizi-Ouzou, 7 February 1941 (the letter includes a pencilled signature by Ouamer Sahnouni).

105 FR ANOM Q1 Haut Sebaou, Circular Préfet d’Alger to maires and administrateurs de département d’Alger, 9 September 1932.


107 See for example CANA TDS 0438, Letter Idir Zarouri to médecin de colonisation, 6 August 1927, in which Zarouri complained that he was performing rounds in Herbillon and the CM of L’Edough in the place of the doctor, without receiving any compensation. “Dans ces tournées j’ai toujours payé de mes deniers les frais de déplacement et n’ai reçu aucune indemnité en compensation.”
The burden of reimbursement charts and *per diem* rates placed obvious limitations on state public health efforts. *Médecins de colonisation* and *auxiliaires médicaux* complained that the size of *circonscriptions médicaux* prevented them from performing anything other than superficial rounds.\(^{108}\) But just as the geography of settlements across Algeria was not a product of the natural contours of the land but rather resulted from military conquest and decades of colonial policy,\(^ {109}\) distance too was a social construct: agents experienced distance as time in the saddle and measured it in money. The cap on *per diems* for travel had the effect of urging healthworkers to favour twice-annual visits simply to administer vaccinations, rather than perform other interventions not compulsory by law or which would not be reimbursed since, as chapter four demonstrated, *auxiliaires médicaux* struggled to sustain their families on their meagre salaries.\(^ {110}\)

A second obstacle to the well-being of these professionals was a dearth of suitable and affordable accommodation at their post and during missions in the *douars*. The central budget afforded no provision whatsoever to house *auxiliaires médicaux*, but rather imparted that responsibility to municipal budgets.\(^ {111}\) *Préfets* typically encouraged *maires* and *administrateurs*...
to provide accommodation for auxiliaires médicaux “where possible,” but these officials complained of a dearth of funds. If administrateurs recognised that auxiliaires médicaux were upset by having to sleep in shacks or alongside livestock, they nonetheless threw up their hands and insisted there was no money to pay for communal housing. Some auxiliaires médicaux managed to sleep in a room of the infirmary or hospital—whether permitted or not—but housing provision did not become an obligation of the communes until 1951.112 This made it particularly difficult for auxiliaires médicaux in rural and deprived postings to secure suitable housing.

In Kabylia, for example, there was no housing market for state employees, since it was said that “the natives build only for their own need.”113 Furthermore, new buildings were subject to strict sanitary regulations, which may have further discouraged construction.114 Hotel accommodation was either unaffordable or rare: “The only two hotels in the humble village of Kerrata are out of service, the quarters at the auxiliary hospital are occupied by the nurse and for the moment, there is nowhere that can give me a shelter for more than one night,” explained Arezki Ameur in 1950. Instead, he had to travel 360-kilometre roundtrip between his parents’ home in Azouza and Kerrata/Kheratta in order to attend work.115

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112 CANA GGA DSP 220, Décret du 1 January 1951.
114 For example, according to sanitary regulations, the minimum dimensions for “native” houses were supposed to be four metres2 with a roof height of two metres and door measuring no less than 1.6 metres; straw was not to be used as roofing or insulation material unless “deemed useful” by the administrator; and sleeping quarters had to provide a minimum of six metres3 per inhabitant. SAWC Communes mixtes Règlement sanitaire communaux 1910-1920, E à A. For example, Commune Mixte El-Mila. Règlement sanitaire; Commune Mixte d’Ain-el-Ksar. Hygiène publique. Règlement sanitaire municipal (Batna: Imprimerie administrative et commercial Beun, 1910); “Règlement sanitaire de la Commune Mixte de Fedj-M’Zala.”
115 FR ANOM 93502/10, Letter Ameur Arezki, Adjoint technique de santé stagiaire à Kerrata to M. le Directeur départemental de la Santé Publique à Constantine, 7 March 1950. “[L]es deux seuls hôtels de l’humble village de Kerrata sont en dérangement, qui le logement de l’hôpital auxiliaire est occupé par l’infirmier et qu’il n’existe, pour
there was in rural areas was typically poor quality: the only housing Ali Kacimi could find in Aflou was unsuitable for his wife and children and adversely affected his own health. One auxiliaire médical is recorded as living in a straw shack. Zoubir Meddeber and his wife lived in Dublineau “in lodgings without an outhouse where the most basic rules of hygiene are completely ignored. The house, which it is no exaggeration to call a hovel, threatens to collapse, and the owner, an old widow without resources, cannot perform the necessary upkeep.”

Auxiliaires médicaux and ATSP were methodically indoctrinated in rules of hygiene throughout their training. If they themselves were unable to live according to these standards, by what means were they to inculcate these habits in others?

Whereas vaccination expense claims tell us a great deal about the objective conditions in which medical auxiliaries carried out the procedures, and how they were scrutinised by higher authorities, the per diem chart, at a view, captures the general dilemma medical auxiliaries confronted in their professional lives. “Native” origins were a prerequisite for entry into the auxiliaire médical programme, and the word featured in their official title, but these men were
not “at home” in “native” villages. The utopian vision of someone like Ben Smaïl Saharaoui or Amokrane Ould Amer was severely checked, both by the difficulty of raising and educating a family on a minute salary, and further by the lack of resources available to carry out medical work in the douars.

Naturalisation would have garnered an auxiliaire médical or ATSP substantial advantages—an additional 25% on their salary (the quart colonial), social benefits such as a family allowance (indemnités de famille), and an additional 300F annually in reimbursements. Despite the financial incentive, the vast majority of these agents pointedly refused to relinquish their Muslim personal status. As of circa 1933, only twelve out of eighty auxiliaires médicaux had been willing to choose this route, and there was a correlation between seniority and naturalisation: namely, auxiliaires médicaux who naturalised were those trained directly or mentored by Belkacem Bentami and Victor Trenga (see chapter one), who had believed they were becoming doctors, had found French wives, or trusted in the idea of assimilation. By way of comparison, the salaries and conditions of employment of instituteurs indigènes were integrated to those of Europeans in 1919, without the obligation to undergo naturalisation,

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120 In 1934, the Commission responsible for the new title of technical assistant debated whether to continue to use the adjective “indigène.” Paul Picard proposed that Europeans with knowledge of local language and customs be allowed to compete for entry, but he was outnumbered by officials from “Native” Affairs and the director of auxiliary training. CANA GGA DSP079, “Commission de l’assistance médicale indigène et de la médecine de colonisation, séance du 21 Avril 1933.”

121 From the expression “mourni sa veste”. Nationalist historians would later pose the question of how “francisé” or “de-Islamised” were those Algerians who worked with and on behalf of the colonial state. Louis-Pierre Montoy, “ Médecins, pharmaciens, dentistes algériens dans le département de Constantine (1914-1954)” in Gilbert Meynier et Jean-Louis Planche (dir.), Intelligentsias francisées (?) au Maghreb. Actes du colloque (Paris: GREMANO, 1990), 44-53.

122 CANA GGA DSP 079, “État nominative des auxiliaires médicaux indigènes.” In the department of Algiers, Mustapha Arbia (1st class), Akli Lattab (1st class), Mohamed Belkhodja (4th class), Mohamed Maoudj (2nd class), Abdelkader Beldjerd (3rd class); department of Oran, Abdelkader ben Ma’ammar Belaïche, Lahcène Belhacène, Harrag Benaoumeur (all 1st class); department of Constantine, Mohand Amrane (1st class), Idir Zaroui (1st class), Mohamed Bendjeddou (1st class), Mohamed Djadou (4th class).
relieving them of the same dilemma (see chapter four). The reminds us that the status of “intermediary” held by auxiliaires médicaux/ATSP—between state and society, citizen and Muslim subject, science and local knowledge systems—was a conscious choice, even as it was imposed by the terms of their employment and the colonial system.

In spite of their personal choice, the tiny number of auxiliaires médicaux who did choose the path of naturalisation continued to stand in solidarity with their colleagues who resisted it.123 The AAAMA, and when its member later unionised, the Syndicat des Adjoints techniques de la Santé publique (SATSP), “did not cease to protest” about the dichotomous system of remuneration. At their annual meeting of 1932, members of the association amicale adopted the motion that “ranking in the fifth group with illiterates seems insulting.”124 Later, in a 1935 speech, the AAAMA’s president Mohand Amrane complained that a policy which assimilated the majority of agents to the qāʿid’s servants (chaouchs) was unjust and “could only hinder the operation of the service.”125 Members of the AAAMA and SATSP also petitioned the Délégations financières and appealed to the Commission consultative des hôpitaux in regard to the subject of appropriate housing.126

Senior officials within the general administration also espoused these issues on behalf of auxiliaires médicaux. In 1933, Directeur des Affaires indigènes Jean Mirante judged it “logical and equitable” that all auxiliaires médicaux receive a higher wage, in the light of the level of

123 CANA DZ/AN/17E/1094, Letter Ould Amer to Alexandre Lasnet, 24 August 1932.
124 CANA GGA DSP 079, “Vœux des Auxiliaires médicaux.” This was the fifth of fourteen demands. “Classement dans le 5ème groupe avec les illetrés parait abusif.”
125 Bulletin de l’Amicale des adjoints techniques indigènes de la Santé publique d’Algérie no. 10 (1935), 11-12.
their education and position in the administrative hierarchy. That same year, the members of a Commission consultative de l’Assistance médicale indigène et de la médecine de colonisation—the majority of them French—voted unanimously in favour of the “assimilation” of the salaries of Algerians with Muslim personal status to those of Algerians who had received naturalisation, and application of a uniform, higher rate of reimbursement for all. The sous-directeur de la Santé publique Pierre Coutaud posited that,

>[A]gents of the same cadre, who have the same recruitment origin and exactly the same functions, should not be subject to two different regimes, receiving allowances for the costs of missions and rounds, depending on whether they have stayed under Muslim personal status or have been admitted to the quality of French citizen.\(^{128}\)

Despite the support of both branches of government responsible for auxiliaires médicaux, the Direction des Affaires indigènes (DAI) and Direction de la Santé publique (DSP), these cadres’ payscale was not revised. Objection to the recategorisation of these agents came not from officials who interacted with the auxiliaire médical corps on a daily basis, but rather from bureaucrats within the Services financiers who knew so little about auxiliaires médicaux and the work they accomplished that they routinely forgot about these agents altogether—to the surprise even of the directeur de la Santé publique.\(^{129}\) Where officials in the DAI and DSP recognised a clear distinction between illiterate state employees and their educated counterparts, the budget office contended that allocating auxiliaires médicaux to a higher group would establish a

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precedent for other “native” civil servants to demand similar improved treatment. Ultimately, the refusal to recategorise auxiliaires médicaux and later ATSPs, was not about cost—the difference amounted to 300F per agent per year—but about ensuring an unassailable advantage to European settlers across the board.

Retrospectively, the 1930s would prove an anomalous decade for vaccination. Under the Vichy regime, the loi du 16 août 1940 sur l’exercice de la médecine banned Jews and persons “born of a foreign father” from the medical profession. The law was extended to Algeria by a decree of 5 September 1940, thereby depriving “native” ATSPs as well as all non-naturalised European and Jewish doctors and nurses of their positions. This effectively disabled the Service médical de colonisation. The exclusion of ATSPs only was repealed in the summer of 1941, as Algeria faced a serious public health crisis that included more than 300,000 cases of typhus.

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130 CANA GGA DSP 079, Directeur des Services Financiers, “Note pour Monsieur le Sous-Directeur de la direction du service de l’Assistance Publique, Auxiliaires médicaux. Frais de mission et de tournées,” 17 November 1930. This position was refuted by Coutaud, “Note à Monsieur le Directeur des Services Financiers (Service de statistique et d’études financiers. Auxiliaires médicaux. Frais de mission et de tournées.” Marked 12 December 1950, probably in error: the date is most likely 12 December 1930.


132 Details of the loi du 18 août 1940 concernant l’exercice de la médecine, which excluded anyone who did not have a French father from practicing medicine, shown in Bull. sanit. Alg. 511 (June 1940). A decree of 5 September 1940 exempted Adjoints techniques de la santé publique in two cases: “S’ils ont scientifiquement honoré leur patrie d’adoption,” and “S’ils ont servi dans une unité combattante de l’armée française au cours des guerres de 1914 ou 1939”. Under Vichy, aspiring recruits to the medical auxiliary school were required to disavow membership in “secret associations” (the Freemasons amongst others) and to prove that they were not descended from Jewish parents or grandparents. CANA DZ/AN/17E/1968, see folder “Ecole des Eleves Adjoints Techniques Indigènes de la Santé Publique, concours d’entrée du 15 Juin 1942. Cloture des inscriptions: 15 Mai 1942. Supprimé par arrêté du 28 Avril 1942.”

Following the allied landings in 1942, the branch of government in charge of santé publique in Algeria was subject to comprehensive reorganisation.¹³⁴ From the 18 December 1945, the assistance médicale des indigènes was recast as the assistance médico-sociale d’Algérie (medico-social assistance of Algeria), and médecins de colonisation as médecins de Santé (health doctors), but its agents remained under-resourced and over-stretched.¹³⁵ Members of the ATSP resumed the work of vaccination. They were routinely charged with vaccinating conscripts¹³⁶ and classes of schoolchildren as part of a team with a doctor or nurse: one resident of Ténès who was a student after the Second World War recalled that when M’hamed Kouadri (’18) came to the school to vaccinate, he cut an impressive figure in his white coat.¹³⁷ By 1950, the undersecretary of the SATSP Salah Bouchlaghem (’33) informed the Ministre de la Santé that, “Our cadre virtually carries out the entirety of vaccinations in all medical circumscriptions.”¹³⁸

It was therefore a shock to these cadres when a subsequent reorganisation and reclassification of public health administration conducted in 1950 incorporated a new, uniform

¹³⁴ Jean Lartigue, “Historique des circonscriptions médicales de colonisation,” Bull. sanit. Alg., no. 529 (December 1941), and 530 (January 1942). See also CANA GGA DSP 1050, and DZ/AN/17E/1683, for details of the reorganisation. To a certain extent, santé publique during this period was also internationalised during this period by the presence of the Rockefeller Foundation Health Commission, UNRRA missions, and other international relief efforts. See for example work on typhus prevention, M. Gaud and M. T. Morgan, “Epidemiological Study of Relapsing Fever in North Africa (1943-1945),” Bulletin of the World Health Organization 1.1 (1948), 69-92; F. Soper, W. A. Davis, F. S. Markham, “Louse Powder Studies in North Africa (1943),” Archives de l’Institut Pasteur d’Algérie, 23 (September 1945), 183-223; Gaston Grenoilleau, “L’Épidémie de typhus en Algérie (1941-1942-1943),” Archives de l’Institut Pasteur d’Algérie 22 (December 1944), 353-79. This period of health history in Algeria is currently being explored by Bertrand Taithe, see “Americanising Missionary Humanitarian Aid in Algeria,” paper presented at Middle East Studies Association annual meeting, 10 October 2013.

¹³⁵ The arrêtés related to the change are listed in Bulletin d’information du Syndicat professionnel des Médecins de la Santé en Algérie 87 (1946).

¹³⁶ FR ANOM 93502/10, “Sommes dues frais de vaccination de conscrits AMEUR.”

¹³⁷ Email correspondence with Marcel Bergonzoli, 12 April 2014.

¹³⁸ CANA GGA DSP 220, Letter S. Bouchlaghem to M. le Ministre, DSP, 10 November 1950.
policy on vaccination honoraria. Préfets withdrew payment of vaccination indemnities from médecins de Santé as well as ATSPs, who from the 1 July 1950 were simply to receive travel expenses. ATSPs submitted claim forms only to have them refused. Members of the SATSP were swift to express their objections in writing. The president Salah Bouchlaghem informed the Directeur de la Santé publique that,

[T]his decision affects our cadre in particular, which virtually carries out the entirety of vaccinations in each circonscription médical. And so, the prefectoral decision suppressing vaccination honoraria has raised considerable emotions among health assistants.

When the matter was yet unresolved the following year, the Sécrétaire général of the SATSP, Ahmed Hamiani, issued a statement which seems almost threatening as compared to the measured politeness of typical union correspondence:

Guarantees were given to us. […] We are obliged to express our astonishment that our Statute is, once again, to be reviewed by the Department of Public Health when the latter, with which we had reached agreement, had clearly made known its views.

139 The new policy established a tariff of 3F per smallpox vaccination, and a sliding scale for all other vaccinations (antidiptheria, anti-typhus, anti-typhoid) beginning at 10F for an initial consultation and vaccination, and 5F for vaccinations in a series. CANA GGA DSP 220, Letter Soum, Secrétaire adjoint du Gouverneur, “Rémunération des médecins vaccinateurs. Re: Votre letter no. 59 du 5 Janvier 1950 (Alger), votre letter no. 133 DS/3 du 30 Janvier 1950 (Constantine), votre letter no. 9429 du 17 Novembre 1949.” 25 March 1950. Médecins de Santé also protested the changes. From 1948, the Bulletin d’information du Syndicat des médecins de la Santé had run a mock obituary within a black border that read, “La médecine de la santé en Algérie assassinée par la Fonction Publique Paris” (“Medical health service in Algeria, assassinated by the Public administration, Paris”).


141 CANA GGA DSP 220, Letter Salah Bouchlaghem to Directeur de la Santé Publique, 10 November 1950. “Au cours d’une audience que vous aviez bien voulu nous accorder le 16 Juin 1950 nous avions attiré votre bienveillant attention sur les nouvelles dispositions tendant à priver les ATS d’une indemnité de vaccinations qui leur a toujours été allouée. Nous avions insisté particulièrement quant aux facheuses répercussions de cette décision sur l’intérêt de nos mandants et surtout sur l’intérêt bien compris de la SP… Nous avons l’honneur de vous faire connaître que MM. les Préfets des trois départements en visant votre dépêche no. 3282 SA/T du 25 Mars 1950, ont décidé de nous supprimer à compter du 1 Juillet 1950 l’indemnité de vaccination. […] Nous avons le devoir de vous informer que cette décision affect plus particulièrement notre cadre qui, pratiquement effectue l’ensemble des vaccinations dans toutes les circonscriptions médicales. Aussi, la décision préfectorale supprimant les indemnités n’a pas manqué de soulever une émotion considérable parmi les ATS.”
We have not been heard and the promise that was made to us has not been kept. We are sorry for it. Moreover we are inclined to think that considerations about which we wish to remain silent for the moment mean that we go about dealing with issues of the highest relevance to the best interest of the populations with a total ignorance of Algerian problems.\footnote{CANA GGA DSP 200, Letter Ahmed Hamiani to M. Ministre de la DSP, 15 February 1951. “Des assurances nous ont été données. Ils avait été plus spécialement entendu que M. Besancenez, Sous-Directeur de la Fonction Publique, chargé de ce service ferait appel à notre Syndicat dans le cas où des difficultés se feraient jour./ Nous sommes dans l’obligation de manifester notre étonnement de savoir que notre Statut vient, encore une fois, d’être renvoyé à la Direction de la Santé Publique alors que cette dernière, avec laquelle nous nous étions entendus, avait formulé clairement ses observations./ Nous n’avons pas été entendus et la promesse qui nous avait été faite n’a pas été tenue. Nous le regrettons. Bien plus nous sommes enclins à penser que des considérations que nous voulons taire pour le moment, font qu’on traite de problèmes, intéressant au plus haut point l’intérêt bien compris des populations, avec une méconnaissance totale des problèmes algériens.”}

Some ATSPs directed their “considerable emotions” towards protesting against French colonial injustices. Arab Ben Hanouz (’14) became one of the first martyrs of the revolution, after being tortured and killed together with his three young sons following a demonstration in Kerrata/Kherrāṭa on 10 May 1945 in response to the Sétif Massacre.\footnote{The scoutmaster and medical auxiliary for Kherrāṭa, Arab ben Salah Hanouz, was tortured and killed with his three sons for protesting the events in Sétif in 1945, which would undoubtedly have radicalised his friends and colleagues. The same account of Hanouz is given in Donald B. Robinson, The Dirty Wars; Guerrilla Actions and other Forms of Unconventional Warfare (New York: The Delacorte Press, 1968), 114, and Jean-Pierre Guéno, Paroles de torturés (Paris: Jacob-Duvernet, 2011), 243. See also reference in Roger Benmebarek, Communes mixtes d’Algérie: Scènes de vie (2012), \url{http://www.rogerbk.com/download/1_CommunesMixtesdAlgerie_CahiersDeLaMemoire_RogerBenmebarek.pdf} consulted 28 May 2014.} Lahoussine Dib (’26) was suspended from his post in Sédrata and then dismissed from the ATSP corps because of his “poorly defined” attitude following the same massacre, euphemistically referred to in his note of dismissal as the événements (“events”) of 1945.\footnote{FR ANOM 93108/121, Letter Sous-Préfet Sétif, 31 May 1945; Commissaire de Police, Police d’État de Sétif, 2 October 1945.} Dib was reinstated and moved to Périgotville/Aïn el Kebira in order to distance him from his “progressive” political connections, but nevertheless he continued to support nationalist candidates, possibly for the Union.
démocratique du manifeste algérien. Azouaou Ould Braham (’26) was the leading agitator for the Parti communiste algérienne in Aïn Boucif. Working in solidarity with European comrades, he seems to have brought about the downfall of several elected maires, and was the target of a failed assassination attempt. Studying the minutes of committee meetings in which Hamiani, Bouchlaghem, and other colleagues perseveringly insisted on their rights, it is not hard to imagine that their participation in collective political protest developed out of the economically- and socially-rooted remonstrations of their cadres. The authorities showed as much “ignorance of Algerian problems,” as they did of medical auxiliaries’.

“The Vaccine Knows Victory”

Personnel files retained at the level of Communes mixtes occasionally contain police surveillance reports about auxiliaires médicaux’ and ATSPs formal political involvements, and as we saw in chapter three, their annual reviews reflected judgments both on their “attitude” towards the French administration and its representatives, as well as their technical performance. This form of surveillance persisted into the 1950s, even though it was by that time illegal. In France, the loi du 16 octobre 1946 portant statut général des fonctionnaires codified the right of civil servants to freedom of belief and expression. The leadership of the ATSP did not hesitate to call for its immediate application in Algeria. The law was therefore promulgated in the colony in 1948, and ATSPs were intimately familiar with its precepts and were prepared to cite them in communications and meetings with administrative officials. For instance, a committee member of the SATSP reminded the Directeur départemental de la Santé in December 1948 that “Article

146 FR ANOM 91/1K504/Ould Braham.
16 of this statute stipulates: ‘No reference to the political, philosophical, or religious opinions of the interested party should feature in his personnel file’.”

It was not unknown for members of the Commission centrale d’avancement (central promotions board) to invoke “attitude” so as to impede a promotion or justify a punishment, such as the summary transfer of Azouaou Ould Braham from one post to another dans l’intérêt du service (“in the interests of the service”). ATSP representatives on the commission and the maligned ATSP, however, clearly understood this to be a pretense: “One could imagine, for example, an adjoint technique de la Santé omitting to carry out his duties in order to attend a political meeting,” protested Azouaou Ould Braham. “But he might just as easily fail in his professional duty to go to mosque, church, temple, the cinema, hunting, etc, etc.” ATSP agents tried to use their knowledge of the law to bring about its application, but their concerns were repeatedly overriden at meetings of the central promotions board.

Ould Braham’s rejoinder connects back to the discussion in chapter four of the limits of personnel files in particular, and official records in general. These documentary sources, rich as they are, dwell on vital records, technicalities, logistics, and staffing and resource problems. We learn nothing of “mosque, church, temple, the cinema, hunting,” or other aspects of medical auxiliaries’ lives that might have been relevant to the ways that they thought about or undertook their work. A small amount of documentation recovered from personnel files, supplemented by newspaper articles, illustrates this point with regard to vaccination.

147 CANA GGA DSP 220, Letter Ould Braham to Directeur Départemental de la Santé, 18 December 1948.
149 CANA GGA DSP 220, Letter Ould Braham to Directeur Départemental de la Santé, 18 December 1948.
For instance, the administration was unaware that, in addition to being an *auxiliaire médical* / ATSP, M’hamed Kouadri (’12) was France’s leading expert on traditional Moroccan techniques of wool-dying,\(^{150}\) as well as a celebrated poet known in France and in the French Empire.\(^{151}\) It was only in 1951 that the *Gouverneur général* learned—because Kouadri himself told him—that the *auxiliaire médical* for Ténès had garnered laurels from numerous poetry competitions over the previous two decades, including the *Jeux Floraux* of Constantine, Touraine, and Languedoc.\(^{152}\) Kouadri’s winning entries embraced themes which were universal (“Friendship” and “Happiness”), personal (the tragedy of his son’s accidental death by drowning), and patriotic (“The Conquest of Algiers” and “The Soul of France”), and had received attention in the newspaper *L’Écho d’Alger*. Kouadri’s poetry offers unique insights into the private life of an *auxiliaire médical* / ATSP and his relationship to his profession and vaccination, since a number of his verses also reflect a passion for “science.”

In one autobiographical sonnet, “To Immortality,” Kouadri celebrated the self-negating spirit of the scientist. Personal enlightenment and the prospect of enlightening the lives of others and “leaving behind the vaccine” were the only reward for “The humble savant who meditates in silence/ Accepting his destiny, is not afraid to choose/ A world that disdains luxury and pleasure/ ___________________________


\(^{151}\) It is possible that the Senegalese poet Léopold Sédar Senghor knew Kouadri; reputedly they met when both men were serving during the Second World War. Kouadri is reputed to be the Mohamed ben Abdallah referred to in Senghor’s poem, “Prière de Paix.” See the page maintained by his descendants at [http://fr.wikipedia.org/wiki/Ahmed_Kouadri](http://fr.wikipedia.org/wiki/Ahmed_Kouadri), consulted 27 May 2014.

\(^{152}\) “Académie des Jeux Floraux de Constantine,” *L’Echo d’Alger*, 6 June 1934; “Au Jeux Floraux de Touraine,” *L’Echo d’Alger*, 5 October 1934; “Palmes académiques,” *L’Echo d’Alger*, 23 February 1935. During his lifetime, M’hamed Kouadri seems to have shared his poetry only with close friends and the administration. According to an online account by Jacques Torrès, the Ténès *Bulletin de la section de la Jeunesse du Front de libération nationale* published an article about Kouadri after his death in 1964, at which time his poems were published. [http://www.tenes.org/si_m_hamed_kouadri_014.htm](http://www.tenes.org/si_m_hamed_kouadri_014.htm), consulted 27 May 2014.
And the intoxicating opulence of ephemeral goods.” His oeuvres also included an ode to the sixteenth-century surgeon Ambroise Paré, an elegy to Pasteur, and homage to doctors Albert Calmette and Camille Guérin, developers of the vaccine for the prevention of tuberculosis.

“La lumière fut!” (“And there was light!”)
Yes, this is the reward
of doctors Calmette and Guerin:
Vaccination is unfolding
For the whole world, what fortune.
    Noble servants of science,
These great savants with serene hearts,
Who are the pride of France.
See their names engraved in brass.
    Stepping outside of its laboratory,
The Vaccine knows Victory
That rings the fame of two very French names.
    Sweeping away the perfidious miasme,
One must see what enthusiasm
Makes of it a triumphant success!

This chapter has discussed smallpox vaccination rather than the Bacillus Calmette-Guérin (BCG) vaccination for tuberculosis. However, the procedure of smallpox vaccination had become so routinised in Algeria—thanks in part to the work of the auxiliaire médical and ATSP—that it became the model for similar interventions, including distribution of the BCG. There is a striking contrast between the portrayal of vaccination in “La lumière fut!” and the actual logistics of vaccine production, administration, and documentation which have been described in this chapter. The preventive vaccine for tuberculosis appears to have leapt fully formed from the minds of Calmette and Guérin. There is no hint of the struggle to produce a safe

153 FR ANOM K1 504, “A l’Immortalité”, see Appendix 1.
154 FR ANOM 1K 504, “Et la lumière fut!” see Appendix 2, dated 8 April 1951.
155 To promote the BCG during the 1950s, posters and flyers written in vernacular Arabic emphasised the continuity between the “B.S.J” (بسج) and “scarification” (tashrit), the smallpox vaccine. The ATSP Amokrane Ould Amer was directly involved in this publicity scheme, having been seconded to the Algiers BCG in 1951. CANA DZ/AN/17E/1974, “Réunion de la Commission paritaire du 8 mars 1951. AT”.
vaccine, or of the clinical trials that Calmette undertook both on colonial troops and Algerians. The tuberculosis vaccine itself has agency; it “steps out” of the laboratory and effortlessly sweeps away evil air (a word choice forced by the constraints of poetic metre, yet one that attests to the continued salience of miasmas in popular thought), spurred on by the enthusiasm of men such as Kouadri. Understandably, Kouadri’s poems attest to the centrality of vaccination in his understanding of “beneficient science.”

The press is yet another source that contributes to rounding out the view of vaccination gained from analysis of official archive. Articles in the daily French-language paper *L’Écho d’Alger* suggest that where the procedure was most efficacious, this success had less to do with administrative efforts, than to aspects of medical auxiliaries’ personal backgrounds and experience which were entirely invisible to—or perceived as undesirable by—the authorities. Chérif Bachir, *auxiliaire médical* for Fort National/Larba’a Nath Irathen in Kabylia, was a native son of the village and a descendent of a local saintly family. When Bachir conducted his vaccination rounds and medical missions, he frequently dwelt with the schoolmaster in Agouni-Khelil, who was a close friend.\(^{156}\) Some of Bachir’s successes were reported in *L’Écho d’Alger*; to give one example, in June 1939 the paper published a paragraph praising Bachir for vaccinating more than 4,000 people in Beni Douala/At Dwala in a single campaign.\(^{157}\) We can surmise that Bachir was successful precisely because he was related by ties of birth, shared local religious tradition, and friendship to the people he vaccinated. The “scientific spirit” and Islam

\(^{156}\) *L’Écho d’Alger*, 29 March 1936. “Nous avons eu le plaisir de recevoir, à l’école d’Agouni-Khelil, notre ami Bachir, ATSP en tournée de vaccination dans toute la commune. Qu’il nous soit permis de rendre hommage au devoeumen de ce précieux auxiliaire médical qui ne marchande pas ses peines pour se transporter jusque dans les douars les plus reculés, non seulement en période de vaccination, mais aussi quand il est fait appel à sa science.”

\(^{157}\) *L’Écho d’Alger*, 28 June 1939.
were posed as deeply antithetical by French and settler intellectuals and doctors (see chapters one and two); and yet some medical auxiliaries were apparently able to successfully hold in tension different ways of knowing and healing.

The affinity that could exist between saintliness, or some other form of social prominence, and “science” in the lives of auxiliaires médicaux is attested to by references in newspapers and a colonial version of “Who’s Who,” the Livre d’Or de l’Algérie published in 1936. Many auxiliaires médicaux enjoyed connections to saintly lineages which may have helped them in their work. These included: the first president of the auxiliaire médical association Mohamed ben Salah Adjouati (the name in Arabic is probably al-jawādi, the nobleman); Si Mohamed ben Said Arab, said to have maraboutic family connections to a saint whose tomb was found in Port-Gueydon/Azzefoun; Ahmed Chaibeddra (’12?), connected to the Sidi Henni zawiya in Relizana/Mazouna; and Mohamed ben Lakhdar ben Ziane (’16).

Other medical auxiliaries had more worldly connections which lent them prominence in the communities to which they were posted. To cite a few examples, Mohamed Seghir Bendimered (’12?), who was also known as Abdeslam Ould El Hadj Ahmed, issued from a notable family from Tlemcen. The most illustrious years of his career were spent in Sidi-bel-Abbès, where his brother was a member of the conseil municipal. In addition to his professional duties, Bendimered was profoundly involved in charitable work, assuming the

158 Historian Ellen Amster has shown how the positivism of colonials and nationalists was hostile to popular Islamic cosmologies in Morocco. Ellen J. Amster, Medicine and the Saints: Science, Islam, and the Colonial Encounter in Morocco, 1877-1956 (Austin: University of Texas Press, 2013).
160 On Bendimered Seghir see Le Progrès de Sidi-Bel-Abbès, 4 July 1933. Reference to his brother the councillor appears in Jeanne Brochier et al., Livre d’or de l’Algérie, 46.
position of governor on the boards of the *Caisse de l’École d’Indigène* that provided clothes, boots, and hot food free of charge to poor Muslim schoolchildren, the *Société musulmane de secours aux indigents*, and the *Société de bienfaisance musulmane*. His wife worked alongside him in these good deeds, volunteering as a nurse at the *hôpital auxiliaire* in Sidi-Bel-Abbès. Another *auxiliaire médical*, Mokhtar Mouasserdoun (’12) belonged to an influential family in Bab-Ali, Mascara. He was among those *auxiliaires médicaux* selected to accompany pilgrims on the *hajj* in a medical capacity, and was known to prominent religious leaders. One of his relatives became *Préfet* of Mascara after independence, and the retired Mouasserdoun held a position of authority as *assesseur suppléant* in the *tribunal pour enfants* in that city. Family connections frequently served to extend the moral influence of these *auxiliaires médicaux* beyond the official limits of their cadres.

Mohand ould Ramdan Amrane was another *auxiliaire médical* who featured in the pages of *L’Echo d’Alger*. He worked in Akbou from at least 1930, and assumed responsibility for a newly-built infirmary in 1936, before being seriously injured in 1937, falling from his horse as he returned from a late-night medical call in *douar* Ighram. Amrane was known for his “unrelenting devotion,” until his early retirement in 1943. His position in Akbou was assumed by Mohamed ben Ali Abderrahim, whose handwriting pervades month after month of sanitary reports while a rotating troupe of doctors—who merely signed the papers—traverses the leaves

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161 Mouasserdoun travelled on the *hajj* in 1930 with Sidi Belkacem Cheihr, a *marabout* from Oran, and his son, Sidi Salah, a *marabout* from Tlemcen. “Le Pèlerinage à la Mecque,” *L’Echo d’Alger: journal républicain du matin*, 15 April 1930, 2.
162 *Journal officiel de la République Algérienne* (14 June 1963), 632.
163 *L’Oued Sahel*, 9 October 1930.
of archives: Dr Lasserre signs in March 1948, Dr Amrane in May 1948, Dr Benzitouni in June 1948, Dr Si Hassen in September 1948, Dr Arroum from January 1949, and Dr Lanterno from April 1950.\textsuperscript{166}

Friendships, familiarity, and established social networks among local communities encouraged the success of these auxiliaires médicaux and ATSPs, as well as that of the therapeutics and interventions they offered—vaccination among them. Paradoxically, these were the very attributes perceived as inauspicious by the administration: “Knowledge of the language and customs are valuable assets that must undoubtedly ensure the full success of their mission: this is why they must be posted among ethnic groups to which they belong, where possible, nevertheless without placing them in the communes from which they hail.”\textsuperscript{167} French authorities were ever fearful of the advent of solidarities that might threaten settler interests, and so sought to curb them at all costs, even when this undermined the goals of state medicine and hygiene programmes.

Conclusions

The findings presented in this chapter support the observation by historians of medicine that there was a gradual fetishisation of technological and scientific interventions over environmental ones in public health during the first half of the twentieth century.\textsuperscript{168} Auxiliaires

\textsuperscript{166} CANA DZ/AN/17E/2003/AKBOU contains the records from 1948 to 1950 only.
\textsuperscript{167} “La connaissance de la langue et des coutumes sont pour les Auxiliaires médicaux des atouts précieux qui doivent sans aucun doute, assurer le plein succès de leur mission: c’est pourquoi il faut dans la mesure du possible les affecter à des groupements éthniques auxquels ils appartiennent, mais en évitant toutefois de les placer dans les communes dont ils sont originaires.” Peyrouton (Secrétaire général du Gouvernement) “Circulaire du Gouverneur général aux Préfets au sujet des attributions des Auxiliaires médicaux indigènes (no. 1826),” Bull. sanit. Alg., no. 417 (August 1932), 228-230, quotation on 229.
\textsuperscript{168} For accounts of this shift, see inter alia, David Arnold, Warm Climates and Western Medicine: The Emergence of
médicaux and ATSPs participated in this fascination with scientific interventions. As Saharaoui’s essay and Kouadri’s poems suggest, these cadres were eager to embrace new biomedical technologies and excited by their potential benefits. Nevertheless, to say that villagers in Beni-Douala or Agouni-Khelil were compliant with state policy on vaccination would be to oversimplify the personalised relationships that could exist between vaccinator and vaccinees. Saharaoui described an ideal auxiliaire médical as one on a first-name basis with the villagers whom he treated. The populations of Fort National greeted Bachir’s lance enthusiastically because he was born and served for more than thirty years at the infirmary there; he had earned the villagers’ trust. Where auxiliaires médicaux were intimately involved with the communities whom they served, they were more proficient as “Educators and Executors” of medicine and hygiene.

It was not only the scientific appeal of vaccination that made it such an attractive technology. Auxiliaires médicaux had a pecuniary incentive to carry out vaccinations, which were easily quantifiable and remunerated by means of per diems. These per diems provided a vital supplement to their meagre salaries, which were wholly inadequate to support a family—particularly since these agents frequently experienced difficulties finding affordable, suitable, good-quality housing. Recent scholarship on per diems in contemporary global health revolves around assertions that per diems equate with “corruption” or create distortions within healthcare.

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systems. In this case, however, we appreciate that per diems provided a strong incentive to prioritise smallpox vaccination, and were the rationale for building a basic medical bureaucracy.

Inversely, per diems actually reduced the feasibility of other medical interventions because of the ceiling placed on funding. Consequently, in official terms, public health became oriented towards a bi-annual health intervention, while little else was done to alter the myriad, pressing challenges to health, food insecurity, poor sanitation, and lack of infrastructure with which rural populations contended on a daily basis. Evidence from newspaper articles which refer to the “unstinting” and “unrelenting devotion” of men such as Chérif Bachir and Mohand Amrane nonetheless suggest that some auxiliaries médicaux and ATSP performed services for which we have no record—for which they went without reimbursement.

Finally, clerical work and accountancy, it transpired, formed as much a part of the professional activities of auxiliaries médicaux as did their medical practice. By carefully examining the documentary practices around vaccination, we appreciate that the consolidation of the bureaucratic paper state created a logic all its own. The practice of keeping name and age lists implied a commitment to following children at the ages of one, eleven, and twenty-one years, even if this pledge was never realised. The rapport général afforded the possibility for

vaccine quality control. However, there is a sense in which the bureaucracy generated by vaccination was more about supervising state employees, and imposing discipline—verifying that auxiliaire médicaux were indeed travelling the kilometres for which they claimed, or ensuring that the qāʿid was performing his surveillance duties—than managing disease, which was never under state control.

The French state invested substantial time and money in training auxiliaires médicaux and ATSPs. As I noted in the Introduction to this dissertation, in some years fully half of the central colonial budget for the assistance médicale des Indigènes was allocated for paying their salaries. Yet the state squandered this investment, by neglecting to house these agents or to pay them a living wage. Many bureaucrats in Algiers were, it seems, unaware of their very existence. The leadership of the AAAMA and SATSP complained of the same problems, and heard the same excuses, repeatedly, for more than thirty years. Finally, in 1950—a time when, in retrospect, colonial authorities could scarcely afford to lose allies—a decision made by accountants to revoke vaccination indemnities alienated the entire medical auxiliary corps.

170 CANA TDS 0753, “Procès-verbal de la réunion de la S/Commission chargée de préparer le projet définitive d’organisation du corps d’accoucheuses indigènes. Séance du 17 Avril 1923.”
Conclusion

In the autumn of 1954, Algeria’s médecins de Santé gathered in Algiers to celebrate the centenary of the creation of the Corps des médecins de colonisation. Delegates at a four-day congress attended lectures, clinics, and debates, took the waters at Ben-Haroun, and witnessed the unveiling of a commemorative plaque at the Faculté de Médecine.¹ In retrospect, the celebration of a hundred years of doctoring the bled was also its swan song. With the outbreak of coordinated violence by the Front de Libération Nationale (FLN) from the 1 November 1954 and the response of the French army, the principle that had motivated the creation of the corps des médecins de colonisation—that of promoting the European settlement of Algeria—was placed in jeopardy. Doctors were targeted by the FLN for assassination, and many fled their vulnerable positions in the Algerian countryside.

In response, on the 13 August 1956, the leadership and delivery of Algeria’s Assistance médicale gratuite were transferred from the authority of civilian doctors and adjoints techniques de la Santé publique (ATSP) and assigned to French army medics deployed with the Sections administratives spécialisées (SAS).² Theoretically, these agents of the SAS were intended to fill

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one of three functions: to replace those civilian health workers who had abandoned their posts or died in armed violence; to augment the efforts of state medical workers who remained in the bleu but were unable or unwilling to perform basic duties such as vaccinations because of intimidation by the FLN; and thirdly, to extend welfare services to rural regions where they were previously non-existent. In practice, however, these SAS medics actually displaced most, if not all, existing sanitary formations and personnel. Consequently, the mistrust which already flourished among civilian personnel and incoming military units was further exacerbated, while disorganisation and poor coordination between civilian and military entities were endemic. These tensions were experienced most keenly by adjoints techniques de la Santé publique.

The awkward and uneasy transition from a civilian- to a military-controlled health service is personified in the treatment received by Moulay Ahmed Rahmouni, ATSP for the commune of Diderot/Oued Lilli. Rahmouni’s enduring independent mien had nettled instructors at the École des auxiliaires médicaux indigènes during his student days, and had long excited the misgivings of administrateurs and médecins de colonisation under whose authority he was variously assigned (see chapter four). Rahmouni’s employment with the health service came to an abrupt end in circumstances that were similarly clouded. In July 1956, the ATSP took his first vacation in two years. At the expiry of his leave in September, Rahmouni followed established protocol

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and presented himself at the _Sous-préfecture_ of Tiaret before continuing to Diderot. Upon his arrival in Diderot, Rahmouni proceeded to his lodgings at the _Maison du Médecin_ (Doctor’s House), where he had locked up his possessions together with the contents of the dispensary’s pharmacy prior to his departure. To his “great stupefaction…I was invited in an imperious manner by the Captain commanding the troops stationed in the village to evacuate the room which I occupied, which had been opened in my absence and my baggage opened and dispersed in different rooms, and to leave the village before the departure of the last bus.”

While Rahmouni had been sojourning with family in Mostaganem, some hundred and fifty kilometres away, several battalions of French soldiers had passed through Diderot, and his home and clinic, along with the rest of the village, had been seized by an artillery unit. The humiliated ATSP appealed to numerous administrative officials at the level of the _Gouvernement général, département_, and _sous-préfecture_ for the restitution of personal and household items that had disappeared from his baggage, including a couscousier, table lamps, and blankets. The _directeur départmental de la Santé_ in Oran reproached the military authorities for taking over the _Maison du médecin_ without his personal knowledge, and requested that the army restore at least one room to Rahmouni’s usage. Meanwhile, the _Chef d’escadron_ (squadron leader) accused Rahmouni of having plundered the pharmacy’s medical supplies before his departure—thereby implying that Rahmouni was illicitly supplying FLN rebels with medical supplies that could be

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4 FR ANOM CM Tiaret, Letter Moulay Ahmed Rahmouni to Directeur Départemental de la Santé (DDS), Oran, 29 September 1956. “J’ai rejoint Diderot où, à ma grande stupéfaction, rien n’a été fait pour me faciliter ma mission et où j’ai été invite, d’une façon péremptoire, par M. le Capitaine, Commandant la troupe cantonnée au village, d’avoir à évacuer la chambre que j’occupais et qui avait été ouverte en mon absence, mes bagages ouverts et dispersés dans différentes pièces, et de quitter le village avant le départ du dernier car, c’est-à-dire 18 heures.” Emphasis in original.
used to make bombs or to treat wounded rebels.\(^5\) He also protested vehemently that honourable French soldiers would never have interfered with Rahmouni’s private possessions. The final word on the matter belonged to the administrateur civil (civil administrator) of Tiaret, who vindicated the army’s actions: insofar as the Maison du Médecin had become a centre for the gathering and analysis of secret intelligence, and in the light of Rahmouni’s “record, reputation, and company,” it was deemed no longer feasible for him to be maintained in an “emploi de confiance” (“position of trust”).\(^6\) It is unclear whether Rahmouni forsook government service entirely, or was simply transferred away from Diderot. In either case, his departure was indeed immediate.

Other ATSPs undoubtedly abandoned their posts either voluntarily or reluctantly during the brutal and sanguinary conflict that the French state referred to euphemistically as les événements (the events), and the FLN as a thawra (revolution).\(^7\) The personnel file for Habib Larbi-Youcef, ATSP in Le Guelta, records that he went AWOL in 1955 after the annual meeting of the ATSP union, the Congrès du Syndicat des adjoints techniques de la Santé publique.\(^8\) Benabdallah Mihoubi’s file discloses that he was left in sole charge of both clinic services and

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\(^5\) New restrictions on the legal distribution of medical supplies and their effects are discussed in Jennifer Johnson Onyedum, “Humanizing Warfare,” Chapter 2.

\(^6\) FR ANOM CM Tiaret (uncatalogued files), I20 and 21, inter alia Letter Moulay-Ahmed Rahmouni to Sous-Préfet arrondissement Tiaret, 29 September 1956; Letter Médecin-Inspecteur Divisionnaire, DDS Oran to Administrateur CM Tiaret, 23 Oct 1956; Letter Chef d’Escadron Billon Commandant le Ile Groupe du 66º Régiment d’Artillerie to Administrateur CM Tiaret, 25 Oct 1956; Letter Administrateur CM Tiaret to DDS Oran, 1 Nov 1956. “Compte tenu aussi bien de ce que la villa est occupée par le P.C. et que des renseignements secrets ou confidentiels y sont chaque jour reçus, commentés et exploités compte tenu également des antécédents, de la réputation et des fréquentations de M. Rahmouni, l’autorité militaire ne croit pas possible de laisser à sa diposition le garage et les deux chambres où il avait déposé ses affaires personnelles.”


\(^8\) CM Ténès, Q1/4 Auxiliaires médicaux/Adjoints techniques/Adjoints techniques de la Santé Larbi-Youcef, Le Guelta.
the pharmacy in Flatters/Benairia following the resignation of the communal doctor in 1956; the following year he was placed under sanctions for unknown reasons. In December 1957, Mihoubi slipped away from his post never to return again.  

Other archival gleanings offer an impression that *adjoints techniques de la Santé publique* were pushed aside by new configurations in the provision of healthcare, and largely forgotten. The latest documented reference to these cadres in colonial-era archives concerns the formation of an alumni association, the *Association des anciens élèves de l’école des adjoints techniques de la Santé*, on 8 June 1960. The agenda for one of its earliest meetings addressed the security of its members’ government pensions—a clear indication that these professionals were concerned with guaranteeing their future. Bar these few arbitrary remnants of papers, all trace of these medical professionals simply comes to an end in 1956. It is unclear whether additional paperwork vanished, or research has simply failed to unearth them.

The fate of *auxiliaires médicaux* and *adjoints techniques de la Santé publique* after Algerian independence in 1962 can neither be grasped nor judged from extant archival sources, since the medical auxiliary corps ceased to exist in its colonial form. Many of its members, of course, endured in similar occupations within the medical profession, and the reconstruction of

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9 FR ANOM CM Ténès, Q6 – Assistance Publique Travail et Prevoyance Sociale. Assistance Médicale Gratuite/Personnel Para-médical. Letter Dr Khacer, Médecin Inspecteur de la Santé, Secteur sanitaire no. 1 to Dir. Dept. de la Santé au sujet de M. Mihoubi Adjoint technique de la Santé publique à Flatters, 18 January 1957.


their career trajectories in the post-colonial era is a subject that calls for further research, using methods more commonly associated with genealogists and oral historians. It is possible, however, to posit two general observations on the basis of published sources and preliminary oral history interviews, when these are read together with the narrative beginning to emerge from a reading of the extensive sources that form the basis of this dissertation.

First, a significant number of former auxiliaires médicaux ascended to important appointments within Algeria’s new national health system, as attested by a post-independence annuaire médical (medical directory). For example, from 1963 Amokrane Ould Amer (’29) assumed the position of director at the hôpital psychiatrique Frantz Fanon in Blida, formerly the hôpital Blida-Joinville. Hoceine Baraka (’31) held the directorship of the hospital in the town of Boufarik. El-Hadj Aïssa Lahouari (’36/37) presided over the public hospital in Mascara. The involvement of ATSPs in the post-independence health care system is also evinced by oral history interviews. Healthworker Nadi Meftah recalled that Aïssa Bourokba, Abdesslam Djebari, Mohamed Kebir were placed at the Direction départementale de la Santé in Oran, where they were distinguished by their level of education and fluency in French. Only after independence was the professional recognition corresponding to these men’s abilities rightfully bestowed upon them. In the transient circumstances of the period immediately following independence, ATSPs constituted a “human bridge” spanning the divide between the assistance

13 Interview Nadara Meftah, 20 November 2010.
médicale of French colonial occupation and the new national health service of independent Algeria.

Secondly, a perusal of the medical theses submitted to the library and archives of the Université d’Alger (and the confirmation provided in their acknowledgments pages) indicates that a number of auxiliaires médicaux and adjoints techniques de la Santé publique founded veritable dynasties within the medical professions. To cite one example: in 1963 Mustapha Yadi defended a thesis for the degree in medicine on the subject of typhoid and paratyphoid fevers in the wilāya (region) of Tlemcen, which he dedicated to his father Mustapha Ould Mohammed Yadi (’04). The older Yadi had served the majority of his career in the area around Tlemcen and Marnia/Maghnia, which accounts both for the geographical focus of Yadi Junior’s research, together with his interest in a class of infectious diseases to which rural populations too often paid a heavy tribute. To offer a second example, Ali Stambouli qualified as an ATSP in 1935. After independence, he became the director of a public clinic in his hometown of Mascara. Ali’s son Mourad Stambouli qualified as a doctor in 1984; his granddaughter Neila is now, in 2014, completing her residency requirement at the Faculté de médecine d’Oran. Perhaps only a small number of auxiliaires médicaux were able to employ their training as an immediate stepping stone to a more prestigious qualification in medicine or dentistry with better compensation. For those who remained in ancillary positions, the remuneration for their work remained modest, but,

15 Mustapha Yadi, Contribution à l’étude des caractères épidémiologiques, prophylactiques, cliniques et thérapeutiques des fièvres typhoïdes et paratyphoïdes dans le département de Tlemcen (Algiers: Imprimerie Bacconier, 1963). I am currently exploring the putative connection between Saad Maïza (’17) and Monique Maïza, who defended a dissertation in 1950, see chapter I, footnote 19.
16 Personal communications with Stambouli family, 17 May 2013 to present.
as the examples above attest, in at least some cases, this new career path facilitated the social mobility of the next generation.

The ensuing fate of Algeria’s auxiliaires médicaux and ATSPs in the post-colonial era, together with the paramedical cadres that later replaced them, have failed to capture the imagination, and therefore the attention, either of Algerian medical profession professionals or Algerian and international academics. Instead, doctors have drawn the interest and regard of biographers and policy scholars, perhaps because these often tend to be doctors themselves.\(^\text{17}\) At independence in 1962, according to estimates of Hammani, Boukheloua, and Bourokba, some 600 doctors remained in Algeria in 1962, of whom 285 were recognised as Algerian citizens, together with 250 certified paramedics, while an unknown number of Algerian-born European doctors returned to France as “pieds-noirs.”\(^\text{18}\) When expressed relative to the population of 10.5 million, the remaining number of doctors is equivalent to one physician for every 25,643 inhabitants and one paramedic to 2,979 inhabitants.\(^\text{19}\) By way of comparison, John Iliffe records that at independence, Uganda could boast of only eight African specialists and fifty-one African

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health officers; while Kenya, for its part, had a mere forty-nine African doctors in government service in 1963.\textsuperscript{20} A further comparison is provided by Tanzanian development expert and health official Oscar Gish, who noted that at independence in 1961 the Republic of Tanganiyka (later the United Republic of Tanzania following its union with Zanzibar) possessed 403 “graduate doctors”, a mere twelve of whom were of African origin.\textsuperscript{21} There is no doubt that, in the post-independence period in Algeria, a small number of pioneering doctors had to tackle serious public health problems. However, these data show that the medical profession in Algeria at independence was considerably more “Africanised,” and more solidly established, than its contemporary counterparts in sub-Saharan African states, particularly when paramedical professionals are taken into consideration.

The evidence of oral history is needed to establish what tangible connections, if any, existed between the \textit{adjoins techniques de Santé publique} of Algeria’s colonial era and new ancillary medical professionals, namely the \textit{adjoins médicaux de la Santé publique} (public health medical assistants of public health, henceforth, AMSPs). AMSPs were a class of paramedical professionals established to supplement the efforts of the nascent medical profession and international \textit{coopérants} (development aid workers) from friendly socialist countries.\textsuperscript{22} Training for AMSPs was imparted alongside programmes for technicians and entomologists at a

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specialist Institut Technologique de Santé Publique founded in 1963 Médéa, marking a discontinuity from the Algiers-based training of the colonial era. The first cohort of students graduated in 1967/8.\textsuperscript{23} In 1968, the Institut moved to a site in El Marsa (some fifty kilometres closer to Algiers), while a second establishment was added in Oran in 1971, and a third at Constantine in 1972.\textsuperscript{24} In contrast with the auxiliarat médical and ATSP, the ranks of the AMSP were open to men and women, who were recruited in the ratio of four to one.\textsuperscript{25} Students from the republics of Guinea and Tunisia were also received at these institutes for instruction.\textsuperscript{26} Further research is needed to establish whether this was because the Algerian programme was well-established and well-recognised, and/or to save their own governments the costs of establishing similar programmes. By 1977, when French coopérant (development aid worker) Christian Darteyre scrutinised the programme, the AMSP corps had already attained half the size of Algeria’s physician population (306 as compared with 624 Algerian doctors, who were, in turn, supported by 1,199 foreign professionals).\textsuperscript{27}

As I explained in the Introduction, in many post-colonial African states, the rank of medical auxiliary or assistant was perceived unfavourably, and was therefore discontinued. Any explanation for the continued endurance of this particular category of ancillary health worker until 1983 in Algeria, in the face of its extinction in other post-colonial African states, must undoubtedly be multifaceted. One factor contributing to its prolonged survival was the legacy of extensive hospital stock inherited by the newly independent Algeria that had been largely

\textsuperscript{23} Interview Farouk Mesli, 14 November 2010.
\textsuperscript{25} Ibid., 44.
\textsuperscript{26} Interview with Ali Ouslimani, Algiers, 27 September 2010.
\textsuperscript{27} Darteyre, “La Formation des adjoints médicaux de santé publique à Alger,” 33.
abandoned by its *pied-noir* medical and administrative personnel—some 156 state hospitals and 734 *salles de soins/consultations* (consulting rooms).\(^2^8\) It was imperative to train new biomedical support staff as quickly as possible to sustain this healthcare infrastructure. A second possible influence is the feelings of solidarity generated by the revolutionary ideology of the FLN, which may have served to offset negative psychological connotations signalled by the rank of “*auxiliaire*” or “*adjoint,*” so palpable in other post-colonial African contexts.\(^2^9\)

A third factor which seems to justify the continuance of this intermediate cadre of medical professional is contained in an exclamation of one of the first graduates of the institute in Médéa. Ali Ouslimani, who later assumed a position in Algeria’s public health administration, exclaimed of his time as an AMSP, “It was wonderful. We were young.”\(^3^0\) In contrast with the colonial-era *auxiliarat médical*, which constituted one of a very restricted number of employment opportunities for socially ambitious Algerians from relatively modest backgrounds, AMSP training was perceived as a temporary occupation in the service of the nation, and a stepping stone to other employment opportunities, rather than as a life-long commitment.\(^3^1\)

There is a final plausible explanation for the persistence of the rank of medical auxiliary, one explored in successive chapters of this dissertation—which is that, both in practice and in hindsight, the *auxiliarat médical* and *adjoints techniques de la Santé publique* in Algeria were

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\(^2^8\) Belhocine et al., “Positions et pratiques des médecins dans le système de soins Algérien,” in Brigitte Curmi and Sylvia Chiffoleau (eds), *Médecins et protection sociale dans le monde arabe*, reference on 58.


\(^3^0\) Interview Ali Ouslimani, Algiers, 27 September 2010.

\(^3^1\) Cf. Tanzania, where Oscar Gish explains that Julius Nyerere’s development model of “Ugemaa,” which translates as “unity” or “oneness,” encouraged significant investment in training medical auxiliaries. Oscar Gish, “Doctor auxiliaries in Tanzania,” *The Lancet* 302, no. 7840 (1973), 1251.
never so plainly the minions or stooges of the colonial authorities or “creature[s] of colonialism,” as they were, or at least perceived to be, in other post-colonial African states.32

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This study has presented the first historical narrative and assessment of colonial Algeria’s auxiliaires médicaux and adjoints techniques de la Santé publique. I have drawn upon a wide range of archival sources, official and non-official, together with interviews in Arabic and in French, to chronicle the historical roots of these programmes together with the training and professional experiences of their members. This survey has shown that these agents were crucial contributors to shaping local populations’ receptivity to, and engagement with state medicine, therapeutics, and hygienic practices and health interventions. They served as buffer and interpreter between physicians and rural populations. Without their involvement, it would have been impossible to achieve the upkeep of places of medical care such as infirmaries and hospitals, and the provision of services therein, without considerable investment in training and paying the salaries of physicians. Serving in a capacity akin to that of lynchpin within the medical system, the institution of the auxiliarat médical both affected relationships among medicine, disease management, and rural administration, and transformed the individual lives of the men it employed.

This narrative not only contributes to our wider understanding of medical history in North Africa and the global trajectory of “scientific medicine;” it also furnishes an empirical case-study for scholarship on the social history of Algeria under French colonial rule. In a 1976 review essay, historian Michael Brett observed that Muslim Algerians who had enjoyed some

32 De Craemer and Fox, The Emerging Physician, 1.
“unusual advantage,” however slight, over the “impoverished majority” risked being “taken for granted” by historians and political scientists of the colonial-era. He suggested that scholars would not fully understand the effects of French occupation and rule in Algeria, together with its consequences post-independence, until they had undertaken the work of describing and analysing these groups, their role, and their advantages. Some four decades later, although various elites and the process of elite-formation in North Africa under colonialism continue to attract the attention of scholars, the need remains for detailed monographic studies of these figures’ actual day-to-day lives. Contributing to this lacuna has been the aspiration of this dissertation.

In a 2008 article, Fanny Colonna expressed regret that her 1975 study of Algerian schoolteachers constituted the sole work of social history (now one of two) to address the experience of technical cadres trained to serve as intermediaries between the coloniser and the colonised. Colonna hazarded the suggestion that “one can simply assume that the training of ‘native teachers’ became the laboratory for the other sections.” Although I have not

systematically compared medical cadres to other civil servants in colonial Algeria, my reconstruction indicates clearly that the these cadres were not established with teacher training at the École normale de Bouzaréah as a formal reference point. Instead, the École des auxiliaires médicaux indigènes owed its organisational origins to decades of military initiatives in Algeria and an inter-imperial enthusiasm for “native” medical assistants. It was indebted intellectually to maritime medicine, Pasteurian science, the classical tradition of “Arab doctors,” and the ethnographic research interests of its instructional staff. Whereas, French and “native” cohorts of teachers achieved equality with regard to training and parity in salaries and benefits following the First World War, auxiliaires médicaux started off as the peers of étudiants en médecine at École de Médecine, but were subsequently evacuated to more humble surroundings in the departmental office for santé publique—and were undervalued and underremunerated precisely because there was no European homologue to which their ranks could assimilate. However, in some respects, the auxiliarat médical is highly reminiscent of the account provided by Colonna in Instituteurs algériens: particularly in the way that administrative officials judged these agents according to a metric of political quiescence, rather than evaluating them on the basis of intellectual ability or professional competence.

Following Brett, we might ask, what advantages accrued to the graduates of this specialist training school? Theirs was an awkward position in colonial society. Auxiliaires médicaux and adjoints techniques de la Santé publique were deemed necessary to the successful administration of life, death, and disease in rural and peri-urban settlements of Algeria because of their status as “indigènes.” The same accidents of birth and juridical status that were prerequisite to auxiliaires’ hiring as intermediaries also placed limitations on these cadres, whether in the form and content of the training they received in Algiers or in the resources and
remuneration that they were denied in and for their actual work the *bled*. Thus the “Algerian Muslim” origins of *auxiliaires médicaux* marginalised these individuals both with respect to other medical professionals and with regard to the standards of scientific medicine and care practised in urban settings.

Although salient examples of this marginalisation abounded, a letter by Lahoussine Dib (’28), *auxiliaire médical* at the *poste de secours* (first-aid station) in Bab el-Assa near the Moroccan border, is particularly evocative of the gap between *auxiliaires*’ expectations and the reality of their employment. Writing in 1930, Dib complained that:

> after two years of service the First Aid Post is not even ready to receive an injured person. Namely, 1) the lack of bedding above all in winter, 2) no one appointed to provide food to the injured, 3) no lighting in the consultation room, no heating in winter because the commune hasn’t sent wood, 5) lack of a nurse meaning I need to have four hands, 6) no water, 7) and above all lack of medicines because no sooner is there one product then the others are out.\(^{37}\)

Nine years later, his successor Mhammed Bentiar was still complaining to the *administrateur* in Marnia/Maghnia about the cold and the lack of firewood at the *poste de secours*. To add insult to injury, out of necessity, Bentiar composed his correspondence while leaning on a wooden packing crate for support, since there was no desk in the infirmary.\(^{38}\)

Despite the material deficiencies of the conditions in which they worked, Dib and Bentiar were both drawn to the profession of *auxiliaire médical* because they hoped to achieve personal and social advancement, for under French colonial rule the obstacles to a career as a certified physician in Algeria were never merely about differences of race or religion. The most fundamental obstacle remained a financial one. A small, but not insignificant, number of

\(^{37}\) FR ANOM 92501/24, Letter Lahoussine Dib to Administrateur CM Marnia, 31 July 1930.  
Algerian Muslims were sufficiently fortunate to possess the necessary resources to study for a degree in medicine. Most auxiliaires médicaux, however, were “poor folk” who lacked the necessary wherewithal. Bentiar, for example, pauperised his family by taking extended periods of unpaid leave so that he might prepare for the P.C.B. (certificat d’études physiques, chimiques, et naturelles)—the competitive examination required for entrance to medical school.39 As Bentiar’s personnel file ends shortly thereafter, we do not know whether he succeeded in becoming a doctor, or if his family was able to recover from its financial straits.

Successive chapters of this dissertation have explored the stratification of Algerian society along the lines of geography, race, religion, and class. They have traced the professional relationships that developed among auxiliaires médicaux, administrative officials, and doctors; and to a lesser extent, with villagers and nomads, focusing on the themes of administration and taxation, pedagogy, therapeutic practice, war and struggle, and vaccination. Insofar as colonial archives abound with historical records preserved by settler administrative officials—while the views of Muslim, European, and Jewish villagers are less consistently documented—this narrative has, of necessity, prioritised the perspective of the former group. However, my reconstruction of events has also implied that auxiliaires médicaux’s most vigorous conflicts were not with settlers or French officials, but rather with their fellow Algerians, most frequently those who held the post of qā’id or were recognised as notables, akbār (elders), or mezouars (heads of douars). Such interactions, by their very nature were unanticipated by, outside the

39 Ibid., Letter Mohammed Bentiar to Administrateur CM Marnia, 14 February 1949; Letter Administrateur CM Marnia to Directeur départemental de la Santé d’Oran, 13 February 1950.
control of, or utterly invisible to, the colonial authorities and consequently eluded any record on their part.

In rare instances, we are fortunate to uncover references to these local struggles for authority, power, and prestige buried in personnel files and the correspondence (both personal and official) of auxiliaries. For instance, Dib was required to provide an account of his actions to the administrateur in Marnia when he refused to treat an assault victim in the douars. At the time, Dib was a newly-qualified auxiliaire, and may well have been nervous at the prospect of having to deal with a patient in a coma, not least because he lacked the necessary medicines and equipment to treat a haemorrhaging wound (see above). However, Dib also refused to attend because the qāʾid had summoned him to the injured woman’s side verbally via one of his minions. Dib both objected to being treated as if he were the qāʾid’s personal “domestic servant,” and feared reprisals if he operated without a written order from the administrateur, which was the correct procedure even in emergencies.

In another instance, we might recall how in 1923 Mohamed Ben Salah Adjouati protested against the niggardly salaries and opportunities for promotion of the auxiliarat médical, both of which compared unfavourably with those of “native” teachers (see page 201). Much of Adjouati’s correspondence as president of the AAAMA was directed at undermining the position of teachers, who were more highly paid and, in his view, more esteemed by the administration. Adjouati deemed teachers to be merely the intellectual and social equals of auxiliaires médicaux, since both groups were holders of the certificat d’études primaires and both teachers and

40 See quotation on page 315 above.
41 Ibid., Letter Lahoussine Dib to Administrateur CM Marnia, 4 August 1930.
auxiliaries underwent two years of study in their respective institutions. He further opined that schooling should take second place to hygiène in state outreach to the bled.  

If auxiliaires médicaux were driven by such personal ambition that they were brought into conflict with other Algerian state employees, the selflessness of their actions was nonetheless valuable to, and appreciated by, their own number and their colleagues in the medical field. This is eloquently illustrated by a tribute to Mohand Tahar Nouri (’12) upon his death in April 1930. This auxiliaire médical features only once in colonial archives, and were it not for obituaries in the regional settler press, L’Oued Sahel and L’Écho de Bougie, we would know nothing of the specifics of his life. After completing the year-long auxiliaire médical traineeship in Kerrata/Kherrâta, Nouri moved closer to his home village of Douar Ouzellaguen in the Soummam, taking a post at the hôpital auxiliaire in Akbou. Both Muslim and European populations of the area, we read, appreciated his healing talents. In Akbou, Nouri contracted the illness that ended his life prematurely, at the age of thirty-six, leaving his widow and six children without means of support. One of his sons, Ahmed Nouri (’45), later emulated his father, becoming an adjoint technique de la Santé publique. A correspondent for L’Écho de Bougie

42 CANA GGA DSP 078, Letter Adjouati, Président de l’AAAMA to GGA, 28 September 1927. “[R]ecrutés à la base dans les mêmes Ecoles complémentaires et nantis d’un bagage intellectuel d’une valeur sensiblement égale nous avons les uns et les autres avec des moyens différents, une même mission morale à remplir : apporter un peu de lumière et aider chacun avec ses moyens propres à la pénétration de la civilisation en pays indigène.”

43 FR ANOM ALG CONST B/3/430. Novembre-Décembre 1914. “Liste nominative des médecins communaux du département de Constantine ; Liste des autres médecins se trouvant dans les Communes du département et non appelés sous les drapeaux ; Infirmeries Indigènes,” October 1914. Strictly speaking, his name does not appear at all in colonial archives; since the administrator or secretary who added his name to a staffing chart was labouring under the misapprehension that his given name was “Mohamed”.

44 L’Oued Sahel was published in Constantine in French from 1887 to 1930; similarly, L’Écho de Bougie appeared in French from 1905 to 1937. Both papers were Republican in leaning and shared the byline, “Journal politique, littéraire, commercial et agricole,” reporting on all matters relevant to the European settlement of the region around Bougie/Bejaïa.
published *in extenso* the poignant eulogy pronounced over Nouri’s body by his friend and colleague Dr Philippi:

> I often saw him addressing patients and, with affectionate simplicity, lavishing them with enlightened care and the soft-spoken words that are the best of salves. I saw how compassionate he was for those who suffered, how he knew how to bring a smile to little children huddled in their mothers’ arms, to caress their feverish hands, to speak to them in their baby talk and win their childish trust.

> He never thought to care for himself. Nothing could stop him, neither the icy kiss of winter nor the burning sun of our summers. Death has triumphed, triumphed too soon over this man who so many times triumphed over her. […] If there is a reward for men who have cared for their brothers with all their science and heart; if there exists a sovereign justice that makes amends for the iniquities of our wretched humanity; right now, he is discovering on high the treasures heaped up during a long career of devotion, good deeds and virtues.

In his eulogy to Nouri, the *médecin de colonisation* framed their shared mission not as an epic tale of extending the state and “the benefits of civilisation” to the *bled*, but rather as a simple parable of human goodness.

In years to come, an official statement on the ATSP published in 1937 would describe how, “*Adjoints techniques indigènes de la Santé publique*, like *médecins de colonisation*, are called upon to play a very important role: they bring the benefits of civilisation to the most

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45 “Sidi Aïch. Necrologie,” *L’Echo de Bougie*, 20 April 1930. “Ce n’est point une infortune privée, ni un deuil limité à une seule famille qui nous rassemble autour de ce cercueil. Ces funérailles atteignent tous les indigènes et il n’est point dans nos douars une seule famille qui ne prenne sa large part à notre douleur. Chacun d’eux sent bien au fond du cœur qu’il a perdu l’un des siens; car il en est aucun pour lequel notre cher AM n’ait été un bienfaiteur et un ami. Pour ma part, je l’ai vu bien souvent se pencher sur les malades et leur prodiguer avec une simplicité affectueuse les soins éclairés et les douces paroles qui sont le meilleur des baumes. J’ai vu bien combien il était compatiissant pour ceux qui souffrent, comme il savait sourire aux petites enfants blottis dans les bras de leurs mères, caresser leurs mains fièvreuses, leur parler leur langue enfantine et gagner leur confiance ingénue. Il eut pu, comme tant d’autres, acquérir une fortune. Il n’a jamais songé à se soigner. Rien ne l’arrêtait, nis la bise glacée de l’hiver ni le soleil brûlent de nos étés. La mort a triomphé, triomphé trop tôt de cet homme qui tant de fois avait triomphé d’elle. Il jouit à présent de l’éternel repos loin des fatigues qu’il connut ici-bas. Si les prières et les vœux de tous ceux qu’il a soigné et guéris ont au ciel quelque puissance, s’il est une récompense pour les hommes qui ont prodigué à leurs frères toute leur sagesse et tout leur coeur; s’il existe une souveraine justice qui répare les iniquités de notre humanité misérable; en ce moment même, il retrouve là-haut, tout un trésor accumulé par une longue carrière de dévouement, de bienfaits et de vertus.”
remote corners of the colony.”46 Administrative officials, authors of the majority of sources in colonial archives, evaluated the actions of auxiliaires médicaux under their authority in narrow terms of the struggle between “civilisation” and its absence, between French authority and insubordination. In contrast, the testimonies of médecins de colonisation, such as Philippi’s, and the recollections of patients with whom they had dealings, emphasise the humanity, gentleness, and modesty towards the vulnerable and weak shown by the medical auxiliary. Auxiliaires médicaux cut a figure as “men of science” in the douars, but they were also “men of heart,” who could be involved in complex ways with the communities in which they served. The perspective from within the practice of the profession, and of those who benefited from it, differed radically from that of outside observers within the ranks of the colonial authorities.

In addition to uncovering previously undisclosed historical information about a little-known colonial profession, this study has also advocated a methodological approach that is behaviourist and founded on a wealth of official and non-official sources in both Arabic and French. I have eschewed throughout the vexed concept of “identity,” but have instead explored identity-defining activities engaged in by auxiliaires médicaux and ATSPs, whether membership in cultural associations such as Ettoufikya; the organised protests of the Association amicale des Auxiliaires médicaux d’Algérie and the Syndicat des Adjoints techniques de la Santé publique; or the financially and intellectually rewarding, if exhausting, work of administering and documenting smallpox vaccinations. I have also shown the heterogeneity of auxiliaries’ individual origins and circumstances.

My approach stands in marked contrast to the way in which historians of nineteenth-century Algeria, Bertrand Taithe and William Gallois, frame their respective collective biographies of Muslim officiers de Santé. Taithe describes these men as caught “entre deux mondes” (“between two worlds”) and adduces their professional disappointments—namely, undesirable job postings, offensive or offhand treatment at the hands of military administrators, and hostility from settlers—as evidence of the ultimate failure of medicine to serve as a bridge between cultures. More controversially, Gallois argues that Algerian health officers’ lives bear witness to a precocious nationalist consciousness and a critique rooted in “Arab-Islamic concepts of health and ethics.” The work of this dissertation shows that the image of men torn between “two worlds” or between French colonialism and a poorly defined “Arab-Islamic” worldview is wholly inadequate to describe the twentieth-century auxiliaire médical and ATSP—as it likely was for their nineteenth-century counterparts. Such figures of speech not only imply the


48 William Gallois, The administration of sickness: medicine and ethics in nineteenth-century Algeria (Basingstoke: Palgrave Macmillan, 2008), 188. See Omar Carlier for a critique of the “persistent fascination” with the origins and forefathers of nationalist ideology and militancy in contemporary Algeria, and its encroachment on the study and writing of Algerian history, in “Scholars and Politicians: An Examination of the Algerian View of Algerian Nationalism,” in Michel Le Gall and Kenneth Perkins (eds), The Maghrib in Question. Essays in History and Historiography (Austin: University of Texas Press, 1997), 156.

49 I suspect that the figure of speech (“men of two worlds”) used by Taithe is drawn from an item of correspondence by Abdelqader Ben Zahra, an officier de Santé discussed in chapter one. In a letter dated 28 May 1888, Ben Zahra complained to GG Tirman about his lack of resources and routes of advancement as an officier de santé. Rather than embark on the path of education and assimilation, he states that “I would have preferred to have stayed on my own shore, that is, in my savage existence where I would have been content with little and where my life would not have been so demanding.” (“En ce sens, Monsieur le Gouverneur, j’aurais préféré rester sur mon rivage, c’est-à-dire dans ma vie sauvage où je me serais contente de peu et où ma vie n’aurait pas demandé tant d’exigences”). This passage might refer to Ben Zahra’s belief in the irreconcilability of Algerian and French ways of existence, but it might just as well stand as a statement about the moral danger posed by striving for material wealth. If we reduce Ben Zahra’s predicament to a choice between either “French civilisation” or “Arab-Islamic civilisation” (the content of which are
existence of *only* two compartmentalised and conflicting worlds, rather than overlapping and complementary ones. They also reflect the Eurocentric premise, found too in anticolonial nationalism, that a pristine, “traditional,” culture existed prior to the encounter with Europe. And ultimately, if we imagine individuals to be torn between two worlds, we foreclose the very possibility of *other* worlds.

This account of *auxiliaires médicaux* and their ambiguous position within the social, professional, and administrative hierarchies of colonial Algeria bears witness to the limitations of dichotomy. As much as officials or certified physicians desired to enforce a clear boundary between doctor and auxiliary, with all the professional, social, or racial distinctions each title implied, we discover that this dichotomy was ignored, reframed, or manipulated by Muslims and settlers, educated and unlettered alike, who referred variously to the auxiliary as “the doctor,” “the Arab doctor,” or the “auxiliary doctor” rather than the “doctor’s auxiliary”. From examining closely the professional work of *auxiliaires médicaux*, we perceive that they were both doctor and auxiliary, both medic and administrator, according to circumstances. *Auxiliaires médicaux* were grounded in the French educational system and a universalising science, but were also rooted in idiosyncratic positions and local loyalties of birthplace and family. They were as likely to experience fraternity with Ambroisé Paré and Louis Pasteur as they were with the “great Arab doctors” of classical Islam. They expressed themselves in different languages and the distinct modes of medic, clerk, administrator, labour leader, and poet. These several aspects of their lives

not elucidated), we limit our understanding of what Ben Zahra actually wanted out of his career, as well as the educational and cultural tool kit on which he could draw.
were interlaced and inter-dependent, rather than being reducible to binary categories of the historian’s making.50

This is not to deny that such categories were forced upon auxiliaries—the foremost instance being that of Muslim personal status. The great majority of auxiliaries médicaux abjured the pecuniary advantages offered by naturalisation, which implies that their Muslim personal status was important to them, however erratic their Muslim practices may have been. Their archival leavings, unfortunately, reveal very little about matters of belief and culture—not least because these agents of the colonial state were too busy trudging over mountains on horseback, standing vigil over typhus victims, and producing letter after letter about salaries, housing, reimbursements, administrative slights, and pensions to disclose the internal workings of their mind.

The second methodological intervention, or innovation, of this dissertation relates to its usage of archival materials. This study has challenged the official narratives of the history of medicine in colonial Algeria in the light of previously unknown or unread non-governmental sources, which, when brought together, constitute a new prism through which to read the story of Algeria’s medical profession. These sources include oral interviews in both Arabic and French;

50 My account of Victor Trenga (chapter two) and Henri Soulié’s (chapters one and three) involvement with the auxiliaries médicaux shows that it is similarly problematic to assign labels to auxiliaries’ European instructors. The settler Victor Trenga was far more enthusiastic and knowledgeable about “traditional” medicine and dialectology than his Algerian colleague Bentami. From Henri Soulié’s private letters to his sister in France, it is evident that he and his family enjoyed many of the privileges that were the hallmark of settler culture: such as long summer holidays at the beaches of Sidi Ferruch, trips to France, and co-ownership of a vineyard, (Domaine de Tiklat, in El-Kseur, Constantine, covering more than 12,000 hectares,), which employed 150 men during harvest season. Yet Soulié was also a strident advocate for assistance for Algeria’s Muslims and a mordant critic of the administration of public health. The study of what these men actually did, as well as what they wrote, vitiates facile assumptions about cultural identity and race.
the contemporary Arabic- and French-language press, and family history, explored through web research conducted on blogs, genealogical websites, and even Facebook.

This method of investigation has allowed me to disaggregate the colonial state and prise apart its archive, in order to rebuild it layer by layer, treating the different strata of officialdom like so many transparencies that, stacked one upon the other, reveal a background image. In this way, I have built an account of the relationship between assistance and governance using the evidence of popular shikāyāt, qāʿīds’ reports gathered in the various archives of Communes mixtes, hastily scribbled notes haphazardly included in personnel files, as well as seemingly unpromising sources such as expense forms and vaccination lists. These types of record—not deemed “official” policy documents—have formed the basis for developing a social history of medicine and administration in rural colonial Algeria from below. The array of historical evidence, of which the regional archives of Constantine hold an abundance, and which can also be obtained off catalogue at the ANOM, have afforded me a means by which to problematise accounts emanating from the “centre,” whether that centre is construed as an official’s desk in Algiers or a policy statement from France. In turn, these additional sources also serve to humanise the effects of “official” policy documents—arrêtés or circulaires—by showing how assistance and the auxiliarat médical created or constrained conditions of possibility even for people who did not seek them out, whether by impinging on how they paid taxes, altering the way in which they practised charity and gift exchange, or shaping the manner in which they experienced vaccination.

These same sources comprise exciting potential for how we understand the connections among the local work of assistance and auxiliaires médicaux, and global transformations and trends in public health and medicine. I offer here two examples. First, in order to account fully
for the origins of the *auxiliarat médical* in chapter one, it was not possible to stay within the geographical and historical bounds of Algeria. I necessarily alluded to the interconnections in practices across the French Empire, and documented in a limited way some of the conversations, individuals, and paperwork that moved back and forth between administrators in Tunisia and Algeria. Within the subfield of the study of “medical intermediaries” it should be possible for historians to piece together the filiations and wider circulations that existed among these programmes. Such an account, however, will require a close examination of behind-the-scenes evidence, committee work, and draft scripts, in tandem with the final products of policy making and publishing in order to remain faithful to the underlying narrative.

Second, and perhaps more surprisingly, a focus on *auxiliaires médicaux* reveals how their actions, all of their written leavings (whether notes, charts, letters, forms, or other sundries), and their views on the responsibilities of the state—whether expressed individually or collectively by these figures—reverberated upward through the colonial hierarchy oftentimes eventually to be incorporated into policy and practice. This was particularly evident in chapter five, which showed how medical auxiliaries’ clerical practices, in particular the requisite administrative and scientific management to ensure the control of smallpox vaccination, multiplied into a self-sustaining bureaucracy. To tender another example, some of the ideas of Amokrane Ould Amer and Ben Smaïl Saharaoui, also examined in chapter five, were later assimilated and reproduced—notably without attribution—by *Inspecteur général de la Santé publique* Alexandre Lasnet in the early 1930s. Infuriatingly, Lasnet also insisted on speaking for *auxiliaires médicaux* in committee meetings at which they were in fact present. *Auxiliaires médicaux* also petitioned Arab and Kabyle delegates of the *Délégations financières algériennes* for improvements to their terms of employment and to rural health infrastructure, ideas which were
subsequently taken up by Algerian Muslims in the public view; for example, Dr Mohamed Bendjelloul and Abdennour Tamzali internalised many of their suggestions on enhancing the number of *auxiliaires médicaux* and their responsibilities. Future intertextual analysis of these sources has the potential to reveal further how the wishes and opinions of Algerian subalterns contributed to the development of colonial goals, and thereby to constituting the health service both before and after 1962.

The final methodological contribution of this study—perhaps better conceived of as a personal conviction—is that historians of Algeria must make sources in local languages central to their methods of research and analysis. In the present case, that mostly implies textual evidence in standard and colloquial Arabic, originating from all levels of society, ethnic groups, and geographical regions: from Arab and Berber elders’ letters, and villagers’ petitions, to orientalist treatises by Europeans; from *qāʾids*’ *akhbār* (reports), journalists’ contributions in the Arabic-language press, to Islamic legal treatises by religious scholars. These sources should not be viewed as “purer,” more “authentic” reflections of the Algerian experience, but as one side of a conversation. That is, they must be read in tandem with their French translations, commentaries, and responses.

Comparative analysis of related Arabic and French source materials exposes the lacunae of understanding, both calculated and inadvertent, that persisted among state officials and rural populations due to language. In chapter one, for example, we saw how the careless translation of

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51 See for example Abdennour Tamzali, *Rapport sur la reorganization de l’hygiène et de l’assistance médicale dans les milieux musulmans d’Algérie présenté à la commission charge d’établir un programme de reformes politiques, sociales et économiques en faveur des musulmans français d’Algérie* (Algiers: Imprimerie officielle, 1944), see the reference to Dr Bendjelloul and adjoints techniques de la Santé publique on page 6. Bendjelloul and Tamzali reiterate views expressed by members of the AAAMA, Amokrane Ould Amer in particular, on appointing an ATSP to every douar.
a French hygiene manual *Premiers soins à donner aux malades* into *Jamāʿ a maʿārūfa ḥafẓ al-ṣīḥḥa wa hiya frānṣāwiyya* rendered elements of the advice contained therein risible to readers of the Arabic text, while the creative interpretation of an Islamic legal treatise lent false superiority to European medical science for a French audience. Were these truly mistakes or were they “mistakes,” made with the purpose of undermining another’s viewpoint?

The treachery of translation is only rivalled by the treachery of transliteration, and the ignorant errors that proliferate across administrative documents and official publications. Mohameds were transformed into Mohands, and patronymic names were misspelled—the very names that were an artefact French of colonialism, as they replaced genealogical ones for the benefit of the *état civil* (civil registry). Even the ornate certificate that celebrated M’hamed Kouadri’s artistic achievements by proclaiming him a *lauréat* of the *Jeux floraux de Languedoc* in 1952 was inscribed to “Koudri M’hamed,” while a journalist for *L’Écho d’Alger* referred to him as “M. Kouardi”. Whether or not these mistakes reflected an intention to be disparaging, the cumulative effect of the typographical errors may have been perceived thus by the person incorrectly denoted.

Cross-referencing the language of texts and their translation also reveals the difference in the ways that state officials sought to interact with Muslim and settler populations. In chapter five, the comparison of vaccination laws in Arabic and French made manifest the peremptory manner by which state laws were presented to “Muslim subjects” as opposed to its “French” citizens. The ephemera around the BCG vaccination revealed how state officials used archaic terminology deliberately to reach allegedly “traditional” Muslims, and the language of modernity and innovation to appeal to French speakers. In some genres of text, such as *akhbār* and *shikāyāt*, the original Arabic text and its recounting in French appear side-by-side, neatly placed
into two columns—Arabic on the left, French on the right—making discrepancies all the more apparent.

However much social historians may incorporate non-conventional sources or the evidence provided by Algerian and regional archives, without Arabic source analysis they are likely to glide over the subtleties of communication and miscommunication among state officials, their Algerian interlocutors, and rural populations. They may also be led to underestimate the agency of the latter, for the hasty translations that conformed petitions and reports to bureaucratic norms typically erased details of villagers’ concern for public health, their enthusiasm for state medicine, and their eagerness to engage the state. This is not to say that perfect communication would have compensated for the structural inequalities of colonial rule. Rather it is to close by noting that although Europeans and Muslims concurred on the importance of doctoring the *bled*, and for five decades acted in concert to do so, they were frequently at variance with one another at the level of real discourse.
Appendix 1: Name List of Auxiliaires médicaux and ATSPs

ABDELZAKI Tahar
ABDERRAHIM Hoceine (1896- ), Soummam
ABDERRAHIM Mohamed ben Ali (1899- )
ABERKANE Messaoud ben Areski (1886- ), Azouza
ACHER Mohamed ben Lounès (1885- )
ADJAOUT Lalla (1916-1955)
ADJOUATI Mohamed (1895- )
AISSAOUI Youcef ben Khalifa (1891- )
AÏT ABDELKADER Ammar
AÏT YAHIA Hoceine (1919- )
ALI Yahia Essaid, Taka, Michelet
ALLAL Abderrahim
ALLOUACHE Mohamed (1900- )
ALLOULA Ahmed
AMARA Amar
AMARA Khellaf
AMEUR Areski (1924- )
AMEUR Bachaghha (1886- ), Aït Irdjen
AMEUR Mohamed
AMMOUR Ali ben Larbi (1906/9- ), Bejaïa
AMRANE Lahcène (1926- )
AMRANE Mohand ould Ramdan
AOUIMEUR Abdelkader (1919- )
ARAB Si Mohamed ben Saïd, Fort National
ARBIA Mustapha ben M’Hammed, Nedroma
ASSELAH Slimane (1924), Ighil Imoula
ATTOU Idir ben Saadi (1882- ), Tinebdar
AYMOUD Smaïl
AZEB Saïd (1901- )
BACHI Mohamed
BACHIR Cherif (1896- ), Fort National
BAFDEL Mohamed (1919- )
BAFFI Abdelkader (1919- )
BAHRI Amar
BAILICHE Mabrouk (1909- )
BARACHE Mohand ou Hamed
BARAKA Hoceine (1911- )
BARAKROK Abdelkader (1916- )
BASTA Ali (1923- )
BAZI Ahmed
BEDJAOUI Mustapha (1905/6- )
BEKADA Abdelkader (1923- )
BEKADA Abdelkader (1926- )
BEKKOUR Mohand ( -1933)
BELABDELOUHAHAB Mahmoud (1915- )
BELABDELOUHAHAB Mohamed (1914- )
BELAÏCHE Abdelkader ben Mu’ammar, Orléansville
BELAÏD Abdelkader (1892- )
BELDJERD Abdelkader (1900- ), Relizane
BELHACÈNE Abderrahmane
BELHACÈNE Lahcène (1890- )
BELKACEM Ben Abderrahman
BELKHODJA Mohammed Ben Ameur (1882- )
BEN MAHMED Mahboub, Morocco
BENAMAR ?
BENAMMAR Mohammed Ben Hadj
BENAOUMEUR Harrag Ben Mustapha (1886- ), Mazagran
BENAYAD Cherif
BENCHAA Kaddour ( -1912)
BENCHARIF Hacène
BENDALI Brahim (1908/9- )
BENDIB Mahmoud (1895- )
BENDIMERED Mohamed Sghir “Abdslam ould el Hadj Ahmed” (1891- ), Tlemcen
BENDJEDDOU Ould M’Hamed (1891- )
BENELMOUFFOK Abdallah (1925- )
BENELMOUFFOK Abdelatif (1924- )
BENGHOMRANI Smaïn (1889- )
BENHALLA Mohamed ben Cherif (1884- ), El Main
BENHAMED Hamida (1890- )
BENHARRATS Mohamed (1898- )
BENHORA Larbi
BENKARA Mostefa (1923- )
BENLABIOD Abdelkader ( -1929) died from typhus
BENLABIOD Khodja ben Alloua (1890- ), Constantine
BENNAMOUNE Mohamed Mostefa
BENSELAMA Amar
BENSIKHALED Abdelmalek (1889- )
BENSMAIA Zoubir ben Omar
BENTIAR Mohamed (1914- )
BENZAGHOU ?
BERRAS Abed
BEZZAOUCHA Abdelkader ould Mohamed (1895- ), Mazouma
BEZZAOUCHA Miloud/Mouloud (1928- )
BOUABDALLAH Mohamed (1908- )
BOUALI Abdallah
BOUAZIZ Messaoud (1887- ), Barika
BOUCHERID Driss
BOUCHIDEL Mouloud
BOUCHLAGHEM Salah (1913- ), Sour El Ghozlane
BOUCHOUCHI Mohamed
BOUDAD Abdelkader (1914- )
BOUDjemIA Abderrahmane (1914- )
BOUDjemIA Abdesselam
BOUKALBA Kaddour (1910- )
BOUMAIa Mohamed
BOUMALIT Belkacem
BOURI Boumédiène
BOUROKBA Aïssa (1928- )
BOUZAR Ahmed (1913- )
BOUZIDI Mohammed Hadj, Oran
BRACHEMI Chérif ben Belkacem (1888-1951), Soummam
BRACHEMI Meftah Mohammed
BRAHIM Bel Abbès (1928- )
BRAHIMI Arab Ben Kaci (1886- ), Douar Frikat, Dra-el-Mizan
CHABOUR Mouloud (1917- )
CHAIBEDDRA Ahmed (1890- ), Sidi Ali
CHEDROUNI Lahoussine
CHERFI Ahmed
CHEROUATI Djalili
CHEROUK/CHERMROUK Mohammed, Ain Lechiekh
CHETTAB Abdelkader (1896- ), Rouffah
CHETTAB Abdelkader (1923- )
DAIDJ Omar ben Abdelkader (1889- ), Tlemcen
DAIDJ Belkacem Menouar
DALI Ahmed ben Mohand (1887- ), Oued Amizour
DEHNOUN Saïd Ben Ahmed
DEKKAR Amar
DIB Lahoussine (1907- )
DJADOU Mohamed (1901- )
DJADOUN Ahmed (1912- )
DJEBBARI Abdesslam (1922- )
DJEZZAR Omar (1896- )
DJEZZAR Sadek (1918- )
DJALIL Salah
EL KETTROUSSI Bouabdallah (1919- )
FAIZ Abdellah ben Hadj
FARES Mkram
FEDJEKHRI Ahmed (1903- )
FERRANI Abdallah
FLICI Mohamed (1900- )
FOUDAD Abdelkader (1925- )
GADI Katir (1914- )
GAID Cherif
GHALEM M’Hamed (1913- )
GHERSI ?
GRADI Mohamed
GUELLAL Ali (1895-)
GUINOUN Attalah (1912-)
HABCHI Larbi
HACHEMI Tahar
HADBI Ammar
HADDAD Belkacem ben Ahmed (1890-)
HADDADINE Lachemi
HAMAMOUCH Abed
HAMIANI Ahmed (1914-)
HAMMOUCHE Mohamed
HAMMOUDI Abdelaziz
HAMOUCHI Aïssa Tahar
HAMOUCHI Mohand Sghir
HANOUZ Arab
HAOUZA Amar (1919-)
HASSAIN Mahmoud (1920-)
HASSEINE Daoudj Mohamed (1925-)
HASSANI Mouloud
HATTOUM ?
Hazen Salah
HENNI Si Ahmed (1895-)
HILI Belkacem ben Hadj Mohamed
HIMOUN Amar (1926-)
INAL Turqui Mohamed
KACIMI Ali (1911-)
KADRI Saïd (1894-)
KAHIA TANI Mustapha
KARA Mustapha
KASHI Mohand (1922-)
KEBAILLI Korichi (1905-)
KEBIR Mohamed Abdeldjebar (1919-)
KEBIR Mohamed ould Mohamed (1895-)
KEHAL Kaddour (1912-)
KELLAL Abdelkader (1928-)
KEROUFAN Abdelmajid
KEROUHLANE Abdelmadjid ben Mohamed Saleh
KERRAD Tahar
KESSAL Ali
KEZZOUL Ahmed (1898-)
KHALIDI Mohamed (1924-)
KOUADRI M’hamed ben Madani (1892-)
LAGHOUATI Abdelkader (1918-)
LAHMEK Mohamed (1903-)
LAHOUARI Aïssa (1916-)
LAILANI M’Hamed
LAKEL Salah (1888- )
LALIAM M’Hamed
LARBI Youcef Habib
LATTAB Akli
LEBIB Rabah
LEBTAHI Ahmed (1912- )
LEKEHAL Ahmed (1898- )
LIMAM Lakhdar
MACHOU Hocine
MAÏZA Saad
MAJOR Mustapha (1926- )
MAKREROUGRASS Abdallah (1927- )
MANSOUR Ahmed
MAOUDJ Mohamed ben Saïd
MARROUCHE Hadj (1915- )
EL M’BAREK Ahmed ben
MEDEBBER Zoubir (1913- )
MEDJDOUB Abdallah (1920- )
MEGHRAOUI Mustapha
MEGHRICHE Abdelaziz (1915- )
MEDOUI Messaoud
MEHENNAOUI Salah ben Mohamed (1898- )
MEHIAOUI Mohamed (1919- )
MEKIDENTCHE Abderrahmane (1920- )
MELIANI Hadj Driss ben Mokhtar
MEZIANI Mohamed Mohand (1913- )
MIHOUBI Benabdallah
MILLES Messaoud ben Amor (1892- )
MIMOUN Mokhtar (1910- )
MIMOUNI Mohamed
MOKRANI Ali (1928- )
MOULASSERDOUN Mokhtar (1891- )
MOUMEN Mostefa (1919- )
MOUZAILI Salah (1913- )
M’RABET Abdallah ould Mrabet
NACER el Hoceine
NAMOUN Ahmed
NOEL Rabah (1927- )
NOUAR Mohamed (1926- )
NOUREDDINE Ahmed
NOURI Ahmed (1918- )
NOURI Mohand Tahar (-1930)
OUADAH Areski
OUAHID Mahfoud (1920- )
OUDA Belkacem
OUDJEDI Damerdji Mustapha (1912- )
OUELAA Belkacem ben Ali
ould AMER Aomkrane (1908- )
ould BRAHAM Azaouaou (1907- )
OULDABAH Mohamed Tahar (1897- )
outata Mohamed ben Amar
OUYAHI Areski ben Messaoud
rachi Mohamed (1891- )
rahal Abbas (1915- )
rahal Ahmed “Tedjine”
rahal ABDALLAH
RAHALI Boumedine
rahmoun Brahim
rahmouni Moulay Ahmed
rahni Rabah (1914- )
ramdane Ahmed (1923- )
reffas Mohamed (1928- )
riaHI Mohamed
saddi Ahmed Saadi (1922- )
saadi Mohamed (1919- )
sadaoui Ali (1918- )
sadaoui El-Hachemi (1903- )
saheb Mohamed
sahnouni Ouamer ben Chérif
saharaoui ben Smail
saiDI Saïd ben Amar (1888- )
saoud Abderrezak (1926- )
sebbah Adda
sebihi Kaddour
sehib Ali
sekat Mahmoud (1927- )
selmi Amar ben Ahmed
settouti Mohamed Seghir
si ahmed Ahmed
si hassen Rafik (1927- )
SI MIAN Abdelkader
SOUALILI Abdelnour (1925- )
soufari Taleb
souilamas ‘Ala El (1915- )
stambouli Abdelkader
stambouli Ali (1918- )
tahar Hachemi (1910- )
taleb Mohamed (1920- )
tamine Meziani
tiab Mohamed (1888- )
yachir Abdelkader (1909- )
yadi Mustapha ould Mohammed
YAKER Mohamed “Fréderic” ben Amar (1886-1921), Douar Iraten, died from typhus
YALA M’Hand (1927)
YAROU Mouloud
YASSIN Saïd
YASSINI Laïd (1895-)
YOUNES Othman (1920-)
ZAGHOUB Mohammed
ZAROURI Idir Ben Taher (1890-1936), died of TB
ZEMIRLI Mohamed (1915-)
ZERHOUNI Boumédiène (1919-)
ZERKINE Mohamed
ZIAHI Mohand
ZIANE Mohamed ben Ladkhar ben Ziani
ZIANI Mohamed (1900-)
ZIOUI Smaïl (1907-)
ZMIRLI Mohamed
Oui, la voilà la récompense
Des docteurs CALMETTE et GUERIN:
La Vaccination est en train
Pour le monde entier, quelle chance.

Nobles serviteurs de la science,
Ces grands savants au coeur serein,
Qui sont la fierté de la France,
Voient leurs noms gravés dans l’airain.

Sorti de son Laboratoire,
Le Vaccin connaît la Victoire,
Que sonnent deux noms bien français.

Balayant les perfides miasmes,
Il faut voir quel enthousiasm
En fait un triomphal succès!

AND THERE WAS LIGHT!

Yes, this is the reward
of doctors Calmette and Guerin:
Vaccination is unfolding
For the whole world, what fortune.

Noble servants of science,
These great savants with serene hearts,
Who are the pride of France.
See their names engraved in brass.

Stepping outside of its laboratory,
The Vaccine knows Victory
That rings the fame of two very French names.
Sweeping away the perfidious miasma,
One must see what enthusiasm
Makes of it a triumphant success!
Appendix 3: À l’Immortalité by M’hamed Kouadri

Le modeste savant qui médite en silence
Acceptant son destin, n’a pas craint de choisir
Du monde dédaignant le luxe et le plaisir
Et des biens passagers l’enivrante opulence

Dans son laboratoire, auprès de sa balance
Il veille, et sa pensée et prompte à ressaisir
L’idée aux ailes d’or qu’il fixe et qui s’élance
Mais qui s’envole alors qu’il croyait la saisir!

Un jour pourtant où cette magicienne
Lasse de resister, conquise, sera sienne,
Alors il connaîtra joie et félicité

S’il meurt, il peut laisser un vaccine, une mine,
Un trésor de lumière, où l’immortalité
Sur son front écrira: Viens que je t’illumine!

To Immortality

The humble savant who meditates in silence
Accepting his destiny, is not afraid to choose
A world that disdains luxury and pleasure
And the intoxicating opulence of ephemeral goods.

In his laboratory, close to his scales
He is pensive, and his thought is quick to snatch
The golden-winged idea that he holds and that leaps,
But flies off just as he thought he had grasped it!

A day will come however when this wizard
Weary of fighting, conquered, will be yours
Then will he know joy and happiness

If he dies, he may leave a vaccine, a source,
A treasure of light, upon his brow immortality
Will write: Come that I may enlighten you!
Bibliography

Research Aids and Archival Inventories

Bouadou, Asma. Répertoire numérique de Santé Publique de la boite 973 à 2166

**Primary Sources—Archives**

*Algeria*
- Bibliothèque biomédicale d’Oran
- Bibliothèque des Glycines
- Bibliothèque Nationale d’Algérie
- Bibliothèque universitaire, Université d’Alger
- Centre d’Études maghrébines en Algérie
- Centre des Archives nationales d’Algérie
- Institut Pasteur d’Algérie
- Service des Archives de la Wilâya d’Alger
- Service des Archives de la Wilâya de Constantine
- Service des Archives de la Wilâya d’Oran

*France*
- Archives diplomatiques de France, Ministère des Affaires étrangères, La Courneuve
- Archives nationales
- Bibliothèque centrale et les Archives du Service de Santé, Val-de-Grâce
- Bibliothèque interuniversitaire Cujas
- Bibliothèque interuniversitaire de la Médecine, Paris
- Bibliothèque Nationale de France
- Centre des Archives diplomatiques de Nantes
- Centre des Archives d’Outre-mer
- Centre de Documentation historique sur l’Algérie, Aix-en-Provence

*Morocco*
- Bibliothèque Nationale du Royaume du Maroc

*United Kingdom*
- Wellcome Library

*United States of America*
- Firestone Microforms, Princeton University. Records of the Department of State relating to internal affairs of France, 1910-29. Algeria [microform]
Primary Sources—Private Papers and Websites

Georges Joseph memoir (private collection of Jean-Paul Joseph)
Henri Soulié papers (private collection of Paule Lapeyre)
*Images de Ténès*, http://www.tenes.info/galerie/
M’hamed Kouadri papers (private collection of Marcel Bergonzoli)

Primary Sources—Interviews

Rachid Bougherbal, 8 September 2010
Ali Ouslimani, 27 September 2010
Tilly Houria Djouadi, 30 September 2010
Dr. Mesli, 10 November 2010
Nadara Meftah, 20 November 2010
Farouk Mesli, 14 November 2010
Lakhdar Mokhtari, 14 November 2010
Tamdrari, 18 December 2010
Simone Simonpiétri-Remond, 13 April 2011
Gabriel and Monique Yaker, 23 June 2014

Newspapers and Periodicals Consulted

*Ach-Chiheb*
*L’Afrique médicale*
*L’Akhbar*
*Algérie médicale*
*Annales africaines*
*Annales universitaires de l’Algérie*
*Annuaire Statistique*
*Archives de l’Institut Pasteur de l’Algérie*
*Archives de thérapeutique, d’hygiène et d’assistance coloniales*
*Attakaddoum*
*L’Avenir de Bel-Abbès*
*L’Avenir de Guelma*
*Bulletin de l’Aamicale des membres de l’enseignement des indigènes de l’Algérie*
*Bulletin de l’Aamicale des adjoints techniques indigènes de la Santé publique d’Algérie*
*Bulletin de l’Enseignement des indigènes de l’Algérie*
*Bulletin des Lois*
*Le Bulletin médical de l’Algérie*
*Le Bulletin sanitaire de l’Algérie*
*Bulletin de la Société de médecine d’Alger*
*Bulletin du Syndicat professionnel des Médecins de Colonisation d’Algerie*
*Les cahiers algériens de la santé*
*Conseil général du Département d’Alger*
Conseil général du Département de Constantine
Conseil général du Département d’Oran
Courrier de Tlemcen
Le Cri d’Alger
al-Djazaïr
La Dépêche coloniale
Documents algériens
L’Echo d’Alger : journal républicain du matin
L’Echo de Bougie
L’Echo de Tiaret. Organe des intérêts de la région de Tiaret et de Sersou
Enmacih
Exposé de la Situation générale de l’Algérie
El Hack
El-Ouma
El Moujahed
Ennadjah
En Nour
Errachad
Farîdat al-Hajj
L’Impartial : organ républicain des intérêts de Djidjelli et de la région.
Journal de Médecine et de Chirurgie de l’Afrique du Nord
Journal officiel de la République Algérienne
Le médecin de la santé d’Algérie : bulletin d’information
Oranie médicale
L’Oued Sahel
Le Petit Tlemçenien
La Quinzaine coloniale
Le Rachidi
La Revue Indigène
Région de l’Est algérien. Bulletin d’information de la santé publique
Revue médicale de l’Afrique du Nord
Syndicat professionnel des Médecins de Colonisation. Bulletin d’Information
Wadi M’zab

Selected Primary Sources—Published
Adjouati, Mohamed Ben Salah. Les Auxiliaires médicaux indigènes. Rapport présenté à
la session des Délégations financières du mois décembre 1923. Algiers: Imprimerie
Administrative Émile Pfister, 1923.
Anonymous, “Les Conceptions Médicales Actuelles de L’indigène Musulman En Algérie,”
undated.
Aubry, Georges. La pathologie nord-africaine considérée de la point de vue de la
Maulde et Cook, 1882.


———. *Hygiène musulmane*. Alger; Paris: chez les principaux libraires des 3 provinces, Typ. Aillaud et cie ; Challamel, libr., 1874.


Chellier, Dorothée. *Notes de voyage et rapport a M. le gouverneur général d’une mission médicale chez les indigènes de l’algérie 1896.* Montélimar: Bourbon, 1897.


Dercle, Charles. *De la pratique de notre médecine chez les Arabes; vocabulaire arabe-français d’expressions médicale.* Algiers: Jourdan, 1904.


*Statistique du personnel médical et pharmaceutique de France et d’Algérie (Docteurs en médecine, officiers de santé, Dentistes, Sages femmes, Pharmaciens, Herboristes) année 1901.*


Trenga, Victor. *La médecine des Maures.* Algiers: [unknown], 1922.


Villot, Moeurs, Coutumes, et Institutions des Indigènes de l’Algérie. Algiers: Librairie
Adolphe Jourdan, 1888.

**Selected Secondary Sources—Published**


———. *Warm Climates and Western Medicine: The Emergence of Tropical Medicine, 1500-1900*. Rodopi, 1996.


Fredj, Claire. “« Et il les envoya prêcher le royaume de Dieu et guérir les malades... » (Luc, IX, 2). Soigner les populations au Sahara : l’hôpital mixte de ghardaïa (1895-1910).” *Histoire, monde et cultures religieuses* 22, no. 2 (2012): 55–89.


———. *The Emergence of Tropical Medicine in France*. University of Chicago Press, 2014.


———. “Health as a social agent in Ottoman patronage and authority.” New Perspectives on Turkey 37 (2007): 147-175.


Tan, Xiaolin, Sookhee Chun, Jozelyn Pablo, Philip Felgner, Xiaowu Liang, and D. Huw Davies. “Failure of the Smallpox Vaccine To Develop a Skin Lesion in Vaccinia Virus-Naïve


