

Embodying ‘the new white race’: colonial doctors and settler society in Algeria, 1878-1911

Summary: This article examines the cultural identifications of doctors of French origin working for the colonial medical service in Algeria at the end of the nineteenth century. As representatives of the state, doctors were expected to uphold the gendered values of civilisation which underpinned the French Third Republic and its empire. Yet they also formed part of a mixed European settler community which insisted upon its own racial and cultural specificity. Faced with a series of centralising reforms to the service from 1878, doctors tied their pursuit of professional freedom to a wider settler movement for autonomy. In so doing, they came to embody a self-proclaimed ‘new white race’ which sought to physically regenerate the empire. In tracing these doctors’ mediation between their governmental employers and their settler patients, this article exposes tensions within French medical culture in Algeria and reflects on the consequences for the operation of colonial power.

Keywords: Algeria; settlement; colonial doctors; colonisation; gender

A doctor in the colonial medical service in Algeria, one exasperated practitioner observed at the end of the nineteenth century, was ‘the servant of many masters’.¹ Not only did he answer to the French authorities in the North African territory, as a representative of the state, but he was also held to account by the European settler community of which he was a part, and the members of the medical profession to which he belonged.² At the end of the nineteenth century, when colonial doctor Benjamin Milliot made these observations, the interests of his three so-called ‘masters’ did not always neatly converge. Although a broad consensus existed regarding the utility of French medical expertise in rendering the territory more salubrious for settlers, promoting colonial productivity and consolidating imperial rule, there was considerable discord concerning the cultural influence of French doctors in a settler colony populated by Europeans of diverse national origins. Would these doctors - as the French state hoped - facilitate the assimilation of the European population to the dominant cultural values of the French Third Republic, or would they – as many settlers anticipated – defend the emergent local community? How, each party asked, would the processes of settler cultural identification which doctors shaped through their medical practice influence the political relationship between metropole and colony, and social relations between Europeans and Muslims?

Until 1889, French nationals in Algeria found themselves outnumbered by Spanish, Italian and Anglo-Maltese migrants in the colony. The law of 26 June 1889 automatically and retroactively bestowed French citizenship upon all Europeans born in Algeria, creating 148,748 new French nationals and giving the numerical

¹ Benjamin Milliot, *La Médecine de colonisation en Algérie* (Bône: Imprimerie du *Courrier de Bône*, 1893), 31

² *Ibid.*

advantage to the French.³ Yet the cultural identifications of settlers remained multiple and dynamic. Medicine, as Mary P. Sutphen and Bridie Andrews argue, has acted as a privileged site of processes of cultural identification in a variety of colonial contexts.⁴ In culturally heterogeneous situations, they suggest, medical discourse 'is deployed as a strategy of representation, and often one which historical actors have used to suture different aspects of their own identities.'⁵ In Algeria, the French authorities, the mixed European settler population and colonial doctors all mobilised medical discourse to represent their alternative visions of a prosperous colonial community. These imagined communities formed the bases of political claims and professional demands. At the heart of each vision of colonial community were differently articulated discourses of race and gender. While French officials on both sides of the Mediterranean aimed to transform settlers into Frenchmen, imbued with the patriotism and self-discipline inherent to contemporary ideals of republican manliness, settlers themselves often viewed French cultural traits as but one element of a more varied 'Latin' heritage.⁶ Describing themselves as 'the neo-Latin race' or 'the new white race', they advocated more liberated self-expression as an antidote to

³ Augustin Bernard, 'Le recensement de 1906 en Algérie et en Tunisie', *Annales de Géographie*, No. 91 (1908), 24-33, 26. This figure includes the 50,798 individuals who had not attained the age of majority at the time of the legislation and were considered to be in a state of 'suspensive citizenship'.

⁴ Mary P. Sutphen and Bridie Andrews, *Medicine and Colonial Identity* (London: Routledge, 2003); See also Megan Vaughan, *Curing Their Ills: Colonial Power and African Illness* (Palo Alto: Stanford University Press, 1992)

⁵ Sutphen and Andrew, *Medicine and Colonial Identity*, 6

⁶ Regarding the ideals of republican manliness see, Christopher E. Forth, *The Dreyfus Affair and the Crisis of French Manhood* (Baltimore: The Johns Hopkins University Press, 2004); Edward Berenson, *Heroes of Empire: Five Charismatic Men and the Conquest of Africa* (Berkeley: University of California Press, 2011); Robert Nye, *Masculinity and male codes of honor in modern France* (New York: Oxford University Press, 1993); Judith Surkis, *Sexing the Citizen Morality and Masculinity in France 1870-1920* (Ithaca: Cornell University Press, 2006)

what they perceived to be the physical and moral degeneration of continental European society.⁷

Colonial doctors, particularly those of the official *Service médical de colonisation* (SMC), mediated between the demands of their governmental employers and those of the settlers who constituted the majority of their patients. This article examines the ways in which medical practitioners negotiated these demands, arguing that through their interactions with the administration and settler patients, they came to physically embody the ideals of an emerging settler community that emphasised local specificity within the framework of French imperial authority. As locally embedded social actors, colonial doctors incorporated and enacted the dominant ideals of settler masculinity in Algeria. These behaviours, however, were not intended to overthrow French rule, but rather to bolster it by creating a space of local autonomy vibrant enough to regenerate the empire. The distinctive physical and cultural traits of settlers, one doctor argued, were set to become ‘a veritable fountain of youth in which the radiance of Algerian strength and vitality will rejuvenate the tired and worn out elements of the most noble of nations.’⁸

Racial Regeneration and Settler Masculinity

⁷ *L'Union Latine*, (Algiers) 5 April 1903; *Africa*, (Algiers) 21 May 1911; *L'Union Républicaine d'Oran*, 20th January 1905; Dr Vidal, ‘L'Enfant Algérien’, *Bulletin médical de l'Algérie*, (Algiers) 10 April 1911, 224; Dr René Ricoux, *Contribution à l'étude de l'acclimatement des Français en Algérie* (Paris: G. Masson, 1874), 105; Dr René Ricoux, *La Population européenne en Algérie (1873-1881). Statistique démographique de l'année 1882. Etude statistique publiée avec l'approbation de M. Tirman Gouverneur Général de l'Algérie* (Algiers: Imprimerie administrative Gojosso et cie., 1883), 122

⁸ *Bulletin médical de l'Algérie*, 10 April 1911

The strength of the medical discourse of racial regeneration in Algeria is in marked contrast to the pervasive anxieties over degeneration voiced by European medical professionals in other colonial contexts during the same period. As Eric Jennings, Dane Kennedy and Warwick Anderson have demonstrated in regard to various territories of the French and British empires, European doctors and administrators went to considerable lengths to construct spas, hill-stations and other locales which they believed would allow colonisers to preserve their racial integrity and ‘reinhabit in mind and in manner a world they had left behind.’⁹ Such fears were certainly not absent in Algeria, where French officials, hygienists and doctors worried about the impact of the climate on European inhabitants, as well as the transmission of disease from Arab and Berber populations to the settlers. Government officials also feared the corruption of French mentalities by other European migrants. In 1899, socialist politician Gustave Rouanet denounced “the strange mentality” of settlers in a speech to the French parliament.¹⁰ “The French spirit which previously dominated has been progressively altered by the large numbers of inferior populations of Spaniards, Maltese and Italians”, he warned.¹¹

While settlers shared many of the metropolitan concerns regarding environmental factors and the spread of disease from *indigènes*, they resisted French attempts to impose cultural hegemony upon Europeans in Algeria. By the beginning of the 1880s most settlers of French origin had been born on North African soil, often

⁹ Dane Kennedy, *The Magic Mountains: Hill Stations and the British Raj* (Berkeley: University of California Press, 1996), 4; Eric T. Jennings, *Curing the Colonizers: Hydrotherapy, Climatology and French Colonial Spas* (Durham: Duke University Press, 2005); Warwick Anderson, *The Cultivation of Whiteness: Science, Health and Racial destiny in Australia* (Durham: Duke University Press, 2006)

¹⁰ Gustave Rouanet cited in Louis Durieu, *Les Juifs Algériens (1870-1901) : études de démographie algérienne* (Paris: Cerf, 1902), 41

¹¹ *Ibid.*

to parents of different nationalities.¹² By the 1890s, European journalists and writers in the colonial territory were actively promoting a distinctive form of settler cultural expression inspired by a visceral attachment to the North African environment, and the recognition of their mixed Mediterranean heritage.¹³ Throughout the period, discussions in the press were fueled by the debates of metropolitan and settler scientists. Many of the latter, themselves born in the colony, welcomed the development of ‘a hardy and acclimatised Franco-Algerian race’ as living proof of the coming-of-age of the settler community itself, with its own values, behaviours and customs.¹⁴ In so doing they often contradicted the dictates of tropical medicine as studied in the metropole and applied in the limited ‘oases of Frenchness’ described by Jennings elsewhere in the empire.¹⁵ Discourses of race and regeneration in Algeria must therefore be understood as a manifestation of the kind of ‘epistemic pluralism’ described by Helen Tilly in British territories in Africa, operating within the specific conditions of a mixed settler society.¹⁶

These specific conditions also underpin the distinctive expression of colonial masculinity in Algeria, which – in its explicit rejection of manly self-discipline – ran counter to the gendered behaviours sanctioned by European doctors and

¹² Bernard, ‘Le recensement de 1906 en Algérie et en Tunisie’, 28

¹³ *Les Clochettes Bônoises*, (Bône) 12 May 1894; *La Voix des Jeunes*, (Algiers) 15 May 1904; *L’Essor Littéraire*, (Algiers) 5 March 1905; see also David Prochaska, ‘History as Literature, Literature as History: Cagayous of Algiers’, *The American Historical Review*, 670-711

¹⁴ Ricoux, *La Population européenne en Algérie (1873-1881)*, 69

¹⁵ Jennings, *Curing the Colonizers*, 212

¹⁶ Helen Tilly, *Africa as a Living Laboratory. Empire, Development and the Problem of Scientific Knowledge, 1870-1950* (Chicago: University of Chicago Press, 2011); See also, Deborah J. Neill, *Networks in Tropical Medicine: Internationalism, Colonialism and the Rise of a Medical Specialty 1890-1930* (Stanford: Stanford University Press, 2012); Evelyn Bernette Ackerman, ‘The Intellectual Odyssey of a French Colonial Physician: Jules Regnault and Far Eastern Medicine’, *French Historical Studies*, 19, 4 (1996), 1083-1102

administrators in other nineteenth-century colonial contexts, including French Indochina, the Dutch East Indies, and British India.¹⁷ The importance of maintaining distinct cultural and racial categories as the basis for the differentiation of political rights, and the pressure to keep up the appearance of European 'civilisation' in the colonies, as a number of scholars have pointed out, led doctors and administrators to closely monitor the gendered and sexual behaviours of both colonising and colonised groups.¹⁸ If European men were often subject to fewer formal constraints on their behaviour than other sectors of colonial society, they remained the target of hygienists' prescriptive advice, and could be harshly judged by public opinion for their perceived transgressions. The popularity of imperial 'heroes' in Britain and France, as Edward Berenson has demonstrated, depended on their public image as 'peaceful conquerors', who conformed to a model of imperial manliness based on the ideal of disciplined self-restraint.¹⁹ Ellen Amster's study of French doctor Emile Mauchamp and his activities in Morocco immediately prior to the establishment of the French protectorate suggests that this model of masculinity may have been especially appealing to some colonial medical professionals, who relied on the conspicuous performance of civilised rationality to enforce their intellectual and political authority.²⁰

¹⁷ Ann Laura Stoler, *Carnal Knowledge and Imperial Power. Race and the Intimate in Colonial Rule* (Berkeley: University of California Press, 2002); Mrinalini Sinha, *Colonial Masculinity: The 'manly Englishman' and the 'effeminate Bengali' in the late nineteenth century* (Manchester: Manchester University Press, 1995)

¹⁸ Stoler, *Carnal Knowledge and Imperial Power*; Sinha, *Colonial Masculinity*; Christelle Teraud, *La prostitution coloniale: Algérie, Tunisie, Maroc (1830-1962)* (Paris: Payot, 2003); Philippa Levine (ed.), *Gender and Empire* (Oxford: Oxford University Press, 2004)

¹⁹ Berenson, *Heroes of Empire*, 12-13

²⁰ Ellen Amster, 'The Many Deaths of Doctor Emile Mauchamp: Medicine, Technology and Popular Politics in Pre-Protectorate Morocco, 1877-1912', *International Journal of Middle East Studies*, 36, 3 (2004), 409-428

Such models of masculinity were certainly available to colonial doctors and their settler patients in Algeria, and were frequently invoked in medical texts and the wider press to differentiate European men from Muslims, who were described in orientalist fashion as undisciplined and deviant. However, settlers also sought to differentiate themselves from a form of French metropolitan manhood which they considered to be degenerate and corrupt. The regenerative power of settler culture, they argued, would come from an alternative masculine ideal which privileged physical strength over intellectual prowess and liberated self-expression over self-discipline. Rather than peaceful conquerors, therefore, settlers sought straight-talking, uncompromising men of action to represent them. As the first line of defense of the 'new white race' developing in Algeria, doctors, in particular, were expected to lead by example. Dr Scaliéri, who had been born in Constantinople, trained in Montpellier, and had settled in Aïn Témouchent, was praised at length in *La Nouvelle France Franc Parleur* for his 'acute plain-spokenness', 'simplicity' and abilities as a huntsman.²¹ 'If Dr Scaliéri was a politician,' the journalist who enumerated these qualities insisted, 'he'd easily garner support'.²²

The distinct character of settler culture in Algeria has been overlooked in studies of medicine in the colonial territory.²³ Although William Gallois has underlined the influence of competing cultural perceptions of health on medical encounters in colonial Algeria, his analysis opposes unitary 'French' and 'Islamic' medical

²¹ *La Nouvelle France Franc Parleur*, (Oran) 29 March 1906

²² *Ibid.*

²³ Yvonne Turin, *Affrontements culturels dans l'Algérie coloniale: écoles, médecines, religion, 1830-1880* (Paris: François Maspero, 1971); William Gallois, *The Administration of Sickness: Medicine and Ethics in Nineteenth-Century Algeria* (London: Palgrave Macmillan, 2008); William Gallois, 'Local Responses to French Medical Imperialism in Late Nineteenth-Century Algeria', *Social History of Medicine*, 20, 2 (2007), 315-331

cultures.²⁴ While Gallois uses this binary model to highlight the violence of colonial domination, the lack of differentiation within these broad categories tends to obscure the possibilities for more dynamic relations of colonial power.²⁵ Similarly, although Gallois' analysis of the working conditions of the Muslim doctors attached to the SMC in the nineteenth century clearly demonstrates the disillusionment of these practitioners, his description of these doctors as 'precursors to the thought of Fanon and the Front de Libération Nationale' overlooks the multiple identifications they expressed in their correspondence with the colonial authorities, in order to reinstate a binary model of French power and Muslim resistance.²⁶ The particular nature of the experiences and identifications of these Muslim doctors cannot be fully evaluated without setting them against those of the majority of SMC practitioners, who were of French origin.²⁷ This article, therefore, examines the identifications of colonial doctors of French origin in order to demonstrate the fractures within 'French medical culture', and indicate the consequences of these tensions for the operation of colonial power.

Through an analysis of the professional backgrounds of applicants to the SMC, an examination of the administrative structures in which they operated, and an evaluation of their physical behaviour once in post, this article reveals the ways in which doctors strategically mobilised different imperial, local and gendered identities to make professional claims. The period in question was marked by state attempts to

²⁴ Gallois, *The Administration of Sickness*; Gallois, 'Local Responses to French Medical Imperialism'

²⁵ *Ibid.*

²⁶ Gallois, *The Administration of Sickness*, 186; Gallois, 'Local Responses to French Medical Imperialism', 318

²⁷ The personnel files of the SMC are conserved at the *Archives nationales d'outre-mer* (hereafter ANOM) under the archival code ALG GGA 1U

reform and centralise the SMC. In their exchanges with the colonial authorities, their specialised journals and their physical behaviour, colonial doctors sought to preserve professional autonomy whilst upholding imperial authority. 'It is absolutely imperative that doctors enjoy a certain independence,' underlined one practitioner, 'without which the very practice of medicine is not possible.'²⁸ In pursuit of their professional goals, these doctors came to defend and, indeed, embody the self-proclaimed 'new white race' in Algeria, reinforcing the efforts of the wider settler community to affirm its cultural specificity as grounds for greater administrative freedom within the French colonial Empire.

The SMC: Administrative Frameworks and Cultural Identifications

As Anthony Kirk-Greene and Anna Crozier have shown in their respective studies of the Colonial Administrative Service and the Colonial Medical Service in territories of the British Empire, the professional, social and cultural identities of colonial administrators were shaped by institutional structures and procedures as well as local conditions.²⁹ Colonial office selection criteria, Crozier demonstrates, played an important role in forming the 'distinctive group identity' of colonial doctors in East Africa, who held to 'ideas [...] that harked back to a bygone British age while celebrating the new challenges thrown up by the colonial situation.'³⁰ Colonial

²⁸ Antoine-Henri de Labrousse, *Service Médical de Colonisation. Projet de création de médecins départementaux* (Guelma: Imprimerie Emmanuel Fons, 1889), 3

²⁹ Anthony Kirk-Greene, *On Crown Service: A History of HM Colonial and Overseas Civil Services, 837-1997* (London: I.B. Tauris, 1999); Anthony Kirk-Greene, *Britain's Imperial Administrators, 1858-1966* (London: Macmillan, 2000); Anna Crozier, *Practising Colonial Medicine: The Colonial Medical Service in British East Africa* (London: I.B. Tauris, 2007)

³⁰ Crozier, *Practising Colonial Medicine*, 131-133

doctors in Algeria similarly crafted their identities in reference to both dominant French values and actual colonial conditions. Their attachment to the imperial centre, however, was less secure than that of their colleagues in British East Africa due to the different institutional framework in which they operated.

Established in the 1850s, following the long period of conquest, the SMC initially reflected the aims of the military leaders of the Second Empire to consolidate French control of North African territory. Under the auspices of the Ministry of War, the SMC originally covered 60 circumscriptions, each under the supervision of a colonial doctor charged with providing treatment to registered indigents and relaying nosographic statistics to the central administration. As the conquered territory expanded, the SMC passed from military to civil jurisdiction in 1861. Decrees established a grade system for doctors and confirmed their position as ‘agents of special services’ – civil-servants who nevertheless enjoyed a certain degree of professional autonomy.³¹ After the transferral of administrative responsibility for the colonial territory to the French Home Office in 1870, the SMC remained under the direct authority of the General Government of Algeria. In contrast to their counterparts in British East Africa, therefore, candidates for the SMC were not subject to a centralised application procedure or interview by government officials in the metropole.³² Instead, they applied in writing to the Governor General, furnishing, where possible, the recommendations of suitable patrons.³³ Although the Governor

³¹ *Médecins de colonisation* were designated as ‘*entrepreneurs de services spéciaux*’ in 1855 ; See De Labrousse, *Service Médical de Colonisation*, 22

³² Crozier, *Practising Colonial Medicine*, 18-19

³³ ANOM ALG GGA 1U8, Armedey to Governor General, Grancey-sur-Ourse, 28 March 1890; ANOM ALG GGA 1U10, Arnaud to Governor General, Orange, 18 June 1887. From 1907 candidates were also required to pass an entry-exam.

General occasionally sought further confirmation of 'the morality and the qualifications' of the applicant from officials in France, such inquiries were far from systematic.³⁴ Indeed, 'the ever increasing difficulty of recruiting colonial medical personnel', as noted by an administrator attached to the service at the end of the 1880s, afforded the French authorities little opportunity to select doctors according to their 'character' and cultural values.³⁵ The lack of a standardised medical training programme to prepare new recruits for service and instill a shared sense of mission provides a further point of contrast with the centralised procedure of the British Colonial Office.³⁶

The law required doctors to be French citizens by birth or by naturalisation, yet the cultural distance between SMC recruits and the French administration could be affected by their regional background, the environment in which they received their medical training, and the professional experience they had acquired before entering the service.³⁷ The overwhelming majority of the SMC practitioners working during this period, for whom records survive, were born and trained in the metropole.³⁸ Only a minority, however, joined the service directly from their medical studies or practices

³⁴ ANOM ALG GGA 1U9, Governor General to *Préfet* of Savoy, Algiers, 26 August 1891

³⁵ ANOM ALG GGA 1U10, *Chef du 6eme bureau* to Secretary of the General Government, Algiers, October 1887

³⁶ Crozier, *Practising Colonial Medicine*, 20

³⁷ Qualified doctors who did not have French citizenship could still be employed by the SMC, though as auxiliaries regarded as health officers rather than medical doctors.

³⁸ The archives series ALG GGA 1U contains 218 personnel files of medical practitioners of the SMC. The archives are incomplete, and documents make reference to practitioners for whom no files have been conserved. 173 of the practitioners whose personnel files are available were serving during the period in question. Seven of these were Algerian Muslims. Of the remaining 166, 119 had been born in the metropole, five were Europeans born in Algeria, one was born in the French overseas department of Martinique, three were of non-French origin and 32 cannot be traced. 109 had received qualifications from metropolitan medical schools, either as full medical doctors (*docteur en médecine*) or as health officers (*officier de santé*).

in metropolitan France.³⁹ Applicants to the SMC had often led an errant existence, either as military doctors, or as practitioners on commercial vessels. The desire to continue this way of life is apparent in many candidates' letters of application. When requesting a position in 1886, Dr Espanet listed the extensive travel experience he had acquired in the navy and aboard commercial paddle-steamers.⁴⁰ 'Accustomed to the climate of hot countries by my travels in South America and New Caledonia,' he explained, 'I would accept a position in any region of Algeria.'⁴¹ Similarly, Dr Loupias, who had held diverse medical posts in the metropole before leaving to work in Barcelona, expressed 'a predilection for Algeria' when returning to France to seek a permanent position.⁴² Other applicants made direct, often nostalgic, references to previous sojourns in Algeria, indicating their appreciation of a different climate or way of life.⁴³ Despite having built a lucrative practice in the French region of Loiret, Dr Brun felt compelled to apply to the SMC by lingering memories of the time he had spent in Oran during his naval career.⁴⁴ 'I remember with fondness former military campaigns, and the eight months I spent in Algeria', he wrote, 'my only desire is to go

³⁹ Of the 166 non-Algerian Muslim practitioners working between 1871 and 1914 whose previous professional experience can be traced; 25 had been practicing or studying medicine in metropolitan France, 28 had served as military doctors, 18 had been working in other branches of civilian medicine in Algeria, 17 had been working on commercial vessels and one had lived as a rentier.

⁴⁰ ANOM ALG GGA 1U75, Espanet to Governor General, Paris, undated (received 19 April 1886)

⁴¹ *Ibid.* See also ANOM ALG GGA 1U170, Vve Sauneur, Le Pont Beauvoisin, 24 January 1895; ANOM ALG GGA 1U11, Audibert to Governor General, Six-fours, 31 December 1881; ANOM ALG GGA 1U116, Leroy to Governor General, received 26 June 1884; ANOM ALG GGA 1U105, Lair to Préfet of Algiers, Basse Terre, 4 February 1884

⁴² ANOM ALG GGA 1U121, Loupias to M Letellier, Barcelona, 26 September 1882

⁴³ ANOM ALG GGA 1U33, Brun to Governor General, Ladon, 27 September 1886; ANOM ALG GGA 1U105, Lair to Préfet of Algiers, Basse Terre, 4 February 1884; ANOM ALG GGA 1U153 Nouët to Governor General, Paris, 23 February 1886; ANOM ALG GGA 1U38, Caire to Governor General, Trets, 22 December 1881; ANOM ALG GGA 1U99, Guillaume to Préfet of Constantine, Khenchela, 21 April 1881

⁴⁴ ANOM ALG GGA 1U33, Brun to Governor General, Ladon, 27 September 1886

and spend a few more years in that country which left such pleasant memories.⁴⁵ If Brun sought to relive old adventures, others longed for new and exciting experiences as settlers. 'It is my liveliest intention to go and establish a life for myself in Algeria,' declared Dr Lapoule, with enthusiasm.⁴⁶ As well as new arrivals, the SMC attracted numerous applications from doctors who had been living in Algeria for some time, working as private practitioners or for those municipal councils able to pay a regular salary.⁴⁷ Consequently, while it is certain that many applicants declared their French patriotism and intention to consolidate imperial authority, their personal and professional experiences were not always conducive to direct identification with the dominant cultural values of the metropole.

The complex cultural identifications of colonial doctors were brought to the fore by a series of institutional reforms in the 1870s and 1880s. Although doctors and administrators alike recognised the need to reorganise the SMC, the transformations proposed by the government met with the consternation of practitioners. Doctors feared the erosion of both their professional autonomy and their capacity to represent a local settler community which had its own values and practices. Indeed, doctors argued, the distinctive interests and values of this community necessitated greater professional freedom. It was, therefore, in defense of both the SMC and settler families that one doctor denounced the proposed reforms of 1878 in an open letter to

⁴⁵ *Ibid.*

⁴⁶ ANOM ALG GGA 1U107, Lapoule to Governor General, Villars, 8 January 1883; See also ANOM ALG GGA 1U99, Guillaume to *Préfet* of Constantine, Khenchela, 21 April 1881; ANOM ALG GGA 1U163, Perrin to Governor General, Cusset, 13 March 1885; ANOM ALG GGA 1U182 Reynaud to Governor General, Algiers, 27 July 1882; ANOM ALG GGA 1U53, Chevalier to Governor General, Bagnols-les-bains, received 5 June 1891

⁴⁷ 18 of the 166 non-Algerian Muslim practitioners working for the SMC during this period had previous experience in branches of civilian medicine in Algeria.

the Governor General.⁴⁸ These proposals, drawn-up by the Ministry of Justice, envisaged the amalgamation of the SMC with other branches of colonial health-care – including the hospital service and the medical school in Algiers - under the auspices of a central *Comité Supérieur d'assistance médicale*. In addition to this, the project sought to restrict the recruitment of *officiers de santé* (health officers) in favour of fully qualified *docteurs en médecine* (medical doctors), and to initiate medical training programmes for Algerian Muslims.⁴⁹ Describing the reforms as 'literally senseless', and 'fatal' for European settlement, the anonymous doctor from Boufarik criticised metropolitan officials for failing to recognise the importance of colonial doctors as representatives of a local settler community.⁵⁰ Siding with local politicians, who also opposed metropolitan interference in the SMC, the author described his colleagues as, "distinguished practitioners, men of real scientific understanding, who not only treat and save the lives of the sick, but who, by their *character*, their *local knowledge* and their *honesty*, exert a legitimate influence on the *spirit* of their patients."⁵¹

Given these qualities, the author suggested, colonial doctors themselves should be in charge of any reform to the service. Not only would the proposed reforms denigrate the specific expertise of colonial doctors, the author argued, but they would put settlers at a disadvantage by favouring the recruitment of metropolitan candidates over local practitioners.⁵² The full *doctorat en médecine* could not be

⁴⁸ Anon., *Lettre à Monsieur le Gouverneur Général civil de l'Algérie sur le projet révisé du règlement du Service médical de colonisation, par un médecin de colonisation* (Boufarik: Imprimerie Louis Cuau, 1878)

⁴⁹ *Ibid.*

⁵⁰ *Ibid.* 4

⁵¹ *Ibid.* Emphasis in original text

⁵² *Ibid.*

obtained from the Algiers medical school until 1909, and students who were unable or unwilling to travel to a metropolitan institution only had access to the lesser qualification of *officiat de santé*.⁵³ The decision to bar these less-qualified medics from posts in the SMC therefore provoked an angry reaction from some local practitioners.⁵⁴ Dr Monotti, who was born in Corsica and trained as a doctor in Pisa before acquiring the additional qualification of *officier de santé* in Algiers, found his application for promotion rejected as a result of the new regulations.⁵⁵ Due to the government's failure to take into account the unique composition of the settler population, local *officiers de santé*, Monotti fumed, had been shunned as 'the accursed children of Algerian medicine'.⁵⁶

Further reforms in 1883 once again moved doctors to invoke their local role in defense of their professional interests. The decree of the 23 March established a *Conseil départemental d'assistance médicale* in each of the three major administrative circumscriptions in Algeria.⁵⁷ Created to encourage the efficient collaboration of the various branches of colonial health-care, each *Conseil départemental* united senior administrative officials – the *Préfet*, the delegate of the departmental assembly, the head of welfare services and the children's health inspector – with selected representatives of the medical profession, including two hospital directors, and one

⁵³ Jean-Marie Le Minor, 'Les anatomistes d'Alger durant la période coloniale française (1830-1962)', *Histoire des sciences médicales*, tome XXXIX, no.4 (2005), 385-396

⁵⁴ Anon., *Lettre à Monsieur le Gouverneur Général civil de l'Algérie* ; ANOM ALG GGA 1U145, Monotti to Governor General, Mondari, 23 October 1878

⁵⁵ ANOM ALG GGA 1U145, Monotti to Governor General, Mondari, 23 October 1878

⁵⁶ *Ibid.*

⁵⁷ *Service médical de colonisation. Décret du 23 mars 1883* (Algiers: Giralt, Imprimeur du Gouvernement Général, 1890), 6

delegate of the SMC.⁵⁸ The new organisation, doctors of the SMC complained, left them at the mercy of administrative officials who were not competent to evaluate their medical practice.⁵⁹ The *Conseil départemental* was charged with disciplining wayward practitioners and reviewing applications for promotion. Without the requisite medical expertise, doctors noted, the *Conseil départemental*'s decisions would necessarily be based upon the superficial judgements of subaltern administrative personnel, as expressed in their regular reports to the General Government. 'How can the opinions of certain Mayors and Administrators on the abilities of colonial doctors be taken seriously?' demanded Dr de Labrousse, 'their remarks are simply based on their personal affinities with the doctor'.⁶⁰ Furthermore, doctors argued, the administration's decisions regarding the transfer of personnel would inevitably cause resentment if they did not take account of doctors' personal and economic ties with their local communities.⁶¹ Dr Rivière, who had been re-posted several times following complaints about his service, rejected a further transfer in 1886, claiming that his 'stability and [...] personal interests would be compromised.'⁶²

Not only did doctors often form part of the settler community, Dr Milliot pointed out, but they acted as 'the natural guardian of settlers' health and the protector of their lives.'⁶³ Rather than simple agents of the administration, doctors insisted that

⁵⁸ *Ibid.*

⁵⁹ De Labrousse, *Service Médical de Colonisation*; Milliot, *La Médecine de colonisation en Algérie*

⁶⁰ De Labrousse, *Service Médical de Colonisation*, 4

⁶¹ Dr Trolard, President of the *Association des médecins d'Alger*, speech given to *Assemblée Générale*, 5 January 1889, in De Labrousse, *Service Médical de Colonisation*, 8

⁶² ANOM ALG GGA 1U187, Rivière to *Sous-préfet*, Tizi-Ouzou, 6 September 1886

⁶³ Milliot, *La Médecine de colonisation en Algérie*, 29

they should act as privileged intermediaries in a two-way dialogue between settler populations and the government. In submitting the SMC to the direct authority of the state, Milliot claimed, 'the administration lost sight of the fact that the doctors of the SMC – in their everyday struggle against the Algerian environment and against the prejudice and ignorance of indigenous populations – are veritable pioneers, to whom [...] a certain independence must be afforded.'⁶⁴ In an effort to claim this independence, colonial doctors proposed their own projects for the reform of medical structures. If the SMC could not be entirely detached from the administration, doctors suggested, then an experienced and medically qualified Head of Service should be appointed to represent and defend the medical personnel.⁶⁵ Such a figure, they hoped, would also serve to consolidate a supportive professional culture. 'He could represent the corps to which he belongs at all kinds of events, ceremonies, festivals, scientific conferences', suggested Dr Gros, 'he could ensure his corps is widely recognised.'⁶⁶ The two meanings of *corps* in the original French text – physical body and professional body – highlighted the anticipated symbolic function of the Head of Service as the embodiment of the values of the local professional culture. This professional culture, whilst drawing on the imperial discourse of the 'civilising mission', was significantly influenced by the ideals of the settler community. In enacting these ideals, doctors tied their own struggle for professional independence to settlers' increasingly vociferous calls for local cultural autonomy.

⁶⁴ Milliot, *La Médecine de colonisation en Algérie*, 26

⁶⁵ Milliot, *La Médecine de colonisation en Algérie*; De Labrousse, *Service Médical de Colonisation*; Dr H. Gros, *Les Médecins de colonisation et l'assistance médicale aux indigènes en Algérie* (Paris; Imprimerie Jean Gainche, 1909)

⁶⁶ Gros, *Les Médecins de colonisation*, 81

Embodying 'the new white race'

The cultural imaginaries of Europeans in Algeria were profoundly marked by the physical experiences of migration, settlement and acclimatisation. These experiences, and the collective memory of physical struggle as transmitted in the burgeoning settler press, underlay the value placed by settlers on strength, dynamism and direct speech and behaviour. For many settlers these attributes reflected the youthful energy of the new people or 'race' they saw developing in Algeria. This youthful vitality, they emphasised, was in stark contrast to the decrepitude of European 'civilisation', which had led to weakness, corruption and degeneracy. 'You complain that the inhabitants of Algeria lack bearing, speak with passion or even vulgarity,' one settler journalist challenged observers on the other side of the Mediterranean, 'well I admit it: I prefer a bold frankness of discourse and action to a refined politeness of language and a deceitful obsequiousness of manners.'⁶⁷ Journalists frequently pointed to the physical health and cultural vibrancy of the young 'Algerian' people, as they referred to themselves, to lend weight to their demands for financial autonomy and administrative reform.

The labyrinthine colonial bureaucracy frustrated many settlers in the last decades of the nineteenth century. 'We are strangely governed here in Algeria', resumed *La France Africaine* in 1892, 'a *Colony*, by virtue of civilian Governor; a *French department*, by virtue of the departmental and municipal administration; a *Conquered territory*, by virtue of the areas under military command [...] Laws, decrees, prescriptions, orders, decisions, circulars, they all come and go, pass by,

⁶⁷ *L'Algérie, journal du soir*, (Algiers) 24 January 1895

return, collide, clash, contradict each other and...make of it all what you will.'⁶⁸ Not only were the complex administrative structures preventing colonial growth, many journalists suggested, but 'the old, outdated, heavy machinery of the metropolitan administration' was ill-suited to the dynamism of the youthful settler community, which they believed required 'a supple and vital regime'.⁶⁹ To prevent the energy of the young 'Algerian' people from being wasted, journalists argued, the settler colony should be endowed with autonomous institutions which reflected its unique cultural composition. In a recurring gendered metaphor, journalists represented the settler community's quest for autonomy as the rebellion of a determined youth against his overbearing mother. 'We're young men now', insisted writers at *Algérie* in an imagined dialogue with the mother-country, 'we wish you wouldn't watch-over us so closely.'⁷⁰ Although most journalists stopped short of calling for full political independence, they were not afraid to draw parallels between the position of settlers and the oppressed French subjects of the *Ancien Régime*, or the Patriots of the American Revolution, to indicate their readiness to fight for their own community.⁷¹ In so doing, they affirmed a masculine ideal based on physical strength and self-expression, and used this gendered ideal to define the 'new white race'.

Much of the medical discourse generated within the colony supported settlers' dominant cultural ideals. In a series of demographic reports, produced between 1874 and 1887, Dr René Ricoux heralded the growth of, 'a hardy and acclimatised

⁶⁸ *La France Africaine*, (Oran) 10 April 1892

⁶⁹ *L'Algérie, journal du soir*, (Algiers) 21 December 1894

⁷⁰ *L'Algérie, journal du soir*, (Algiers) 16 March 1895

⁷¹ *L'Algérie, journal du soir*, (Algiers) 16 March 1895; *La France Africaine*, (Oran) 10 April 1892; *L'Algérie, journal du soir*, (Algiers) 6 February 1895

Franco-Algerian race', whose birth rate surpassed that of the aging French metropole.⁷² The full development of an 'Algerian nationality' as a cultural and political reflection of this new racial community, however, would only be achieved, in Ricoux's opinion, when the French government allowed the settler colony to prosper by establishing, 'its own institutions, adapted to its tastes and appropriate to its heterogeneous and mixed population.'⁷³ By 1911, Dr Vidal – an eminent member of the settler community - was describing the heredity and characteristics of 'the Algerian people' with precision.⁷⁴ 'In terms of physical attributes, the Algerian child is robust, strong and well-built', began Vidal.⁷⁵ Equipped with 'a lively intelligence' and 'a great capacity to adapt and assimilate', the average settler was ruled by his passions, and subject to 'great hope, sudden anger [and] bitter periods of discouragement.'⁷⁶ Addressing the 'systematic detractors of the Algerian mentality', Vidal argued that, 'it is necessary to give credit to a young people in the process of formation, and not to expect them to display a set of moral qualities which are rarely evidenced in any people during any historical period.'⁷⁷ Indeed, Vidal suggested, the particular moral characteristics of settlers should be considered as qualities rather than deficiencies. Their apparent lack of self-restraint, the doctor argued, was in fact the manifestation of their youthful exuberance.⁷⁸ In this respect, settlers were akin to,

⁷² Ricoux, *La Population européenne en Algérie*, 25,47, 69; Ricoux, *Contribution à l'étude de l'acclimatement des Français en Algérie* (Paris : G.Masson, 1874); Dr René Ricoux, *La Démographie figurée de l'Algérie. Etude statistique des populations européennes qui habitent l'Algérie* (Paris: G Masson, 1880)

⁷³ Ricoux, *Contribution à l'étude de l'acclimatement des Français en Algérie*, 120

⁷⁴ *Bulletin médical de l'Algérie*, (Algiers) 10th April 1911

⁷⁵ *Ibid.*

⁷⁶ *Ibid.*

⁷⁷ *Ibid.*

⁷⁸ *Ibid.*

'young Africans of the Roman era, who were themselves the sons of migrants, soldiers and administrators of pure or mixed race', and were thus similarly destined to form a valuable artistic and intellectual elite.⁷⁹ The French empire, Vidal insisted, could not but benefit from such sensibilities.⁸⁰

Doctors' defence of the perceived racial and cultural particularity of settlers stemmed from their own identification with the settler community. This was especially true of those doctors who were themselves born in the colonial territory, for whom the question of the health and viability of an 'Algerian' people of mixed European origin was as much a physical imperative as a matter of intellectual curiosity. 'Born in Algeria,' explained Ricoux, 'my thoughts have naturally led me to research the question of whether those of us of French parentage can constitute the basis of a race capable of acclimatising and perpetuating French presence in Algeria.'⁸¹ Given his interest in the possibility of raising future generations of 'Franco-Algerians' in North Africa, it is perhaps no coincidence that Ricoux dedicated his work to his young wife, another 'child of the colony.'⁸²

For many doctors in Algeria, such personal connections were indispensable to thorough scientific analysis. 'The soul of a people', Vidal affirmed, 'cannot be discerned by travelling across a country like a tourist avid for hasty impressions. It is necessary to live their everyday life, to eat at their table, to see the child at school,

⁷⁹ *Ibid.*

⁸⁰ *Ibid.*

⁸¹ Ricoux, *Contribution à l'étude de l'acclimatement des Français en Algérie*, i, 106

⁸² *Ibid.* Ricoux used the French expression, '*enfant du pays*', which does not have a specifically colonial connotation outside of this particular context.

the worker at the building-site or workshop, the settler driving the plough; it is necessary to hear them speaking, laughing, crying, to see the people think and to think as they do.⁸³ It is unsurprising, therefore, that to give legitimacy to his proposed reforms of the SMC, Dr Benjamin Milliot prefaced his study by referencing not only his professional experience, but his personal status as the son of, 'a pioneer of settlement in Algeria'.⁸⁴ 'The great question of Algerian colonisation', Milliot argued, could only be effectively answered by settlers themselves, and he urged 'those settlers with the relevant competence and authority' to follow his own example and compile accounts of their observations.⁸⁵ The studies produced by these doctors, therefore, not only affirmed the cultural autonomy of the settler population, but linked this autonomy to the freedom of colonial doctors to act according to the specificities of the local context.

Defending the value of their locally-situated knowledge, doctors in Algeria resisted what they perceived as the attempts of metropolitan colleagues to impose certain treatments or practices. One of the clearest examples of such a reaction concerned the treatment of malaria, a disease responsible for the deaths of many soldiers and settlers in Algeria, as in other territories of the French empire, in the nineteenth century. For most of the period, due to the longevity of miasma theory and the strong Lamarckian influence on French medicine, malaria was thought to be caused by noxious air rising from moribund soil and stagnant marshlands. It was not until 1880 that Alphonse Laveran, a military surgeon working in Algeria, discovered

⁸³ *Bulletin médical de l'Algérie*, (Algiers) 10th April 1911, 225. See also Dr E. Berthillon's preface to Ricoux, *La Démographie figurée de l'Algérie*, xvi

⁸⁴ Milliot, *La Médecine de colonisation en Algérie*, 6

⁸⁵ *Ibid.*, 7

the first malaria parasite in the blood of patients at the Constantine military hospital. Laveran's discovery was met with cautious skepticism within the European scientific community, which remained critical of the protozoan cause of malaria, preferring to adhere to former environmentalist doctrines or speculate about bacteriological causes until Louis Pasteur endorsed Laveran's discovery. This endorsement encouraged further research, leading to the identification of subsequent malarial protozoa by Italians Golgi, Crassi and Filetti in the 1880s and 1890s, and the confirmation of the mosquito vector of the disease by Ross, a British military doctor in India, at the turn of the century. The development of blood staining techniques facilitated the more widespread acceptance of the existence of the protozoa and the necessity of treatment with quinine within the international scientific community at the beginning of the twentieth century.

Despite the transnational and indeed trans-imperial trajectory of research into the causes and treatments of malaria, a number of colonial doctors in Algeria rejected the findings as impositions of the 'masters of Parisian medicine'.⁸⁶ Grouped around the *Ecole de Bougie*, these doctors questioned the utility of the quinine treatments prescribed by the *Institut Pasteur* and used the professional press in the colony to denounce metropolitan researchers and their colonial followers at the rival *Ecole d'Alger*.⁸⁷ Partisans of the dissident school, led by A. Treille and E. Legrain, wrote regularly in the journals *Afrique médicale* and *La Revue médicale* and were primarily opposed to the idea that 'left untreated, intermittent fever and other forms of malaria could lead to a permanent feverish state, death, cachexy, and so on...'⁸⁸

⁸⁶ *La Revue médicale (médecine humaine et animale) de l'Afrique du Nord (Algérie et Tunisie)*, January 1900

⁸⁷ *Ibid.*, November 1900

⁸⁸ *Ibid.*

According to their own findings, certain manifestations of the disease – tertian and quartan fever – held no long-term health complications and tended to cure themselves spontaneously, requiring only a very limited dose of quinine.⁸⁹ The systematic use of large quantities of quinine, they held, was more dangerous to the patient than the illness itself. Not only did the, ‘bountiful quinine of the central administration ... cause Arabs, especially, to drop like flies’, they charged, but the officially sanctioned use of the ‘infernal drug’ was also responsible for the deaths of numerous soldiers and settlers.⁹⁰ Insisting on the importance of their own observations as local practitioners, they denounced the ‘dubious and criminal practices of official medicine’ as detrimental to the colony.⁹¹ Progress and productivity were further compromised, the dissident doctors maintained, by their metropolitan colleagues’ attempts to exercise intellectual imperialism. ‘They are the primary cause of the stagnation of colonial medicine ... and have reduced the role of the doctor to that of a vending machine,’ fumed Dr Legrain.⁹² According to those doctors who resisted the spread of ‘metropolitan’ practices, their pro-quinine colleagues at the *Ecole d’Alger* were little more than, ‘the *Beni Oui-Oui* of colonial medicine’.⁹³

At the heart of the debate over treatment with quinine was the desire of colonial medical practitioners to establish an autonomous professional culture based

⁸⁹ *Ibid.*

⁹⁰ *L’Afrique médicale*, October 1908, November 1908

⁹¹ *L’Afrique médicale*, December 1908

⁹² *L’Afrique médicale*, 15 November 1908

⁹³ *La Revue médicale (médecine humaine et animale) de l’Afrique du Nord (Algérie et Tunisie)*, August 1900

on their identification with the settler community. The language and imagery employed by these doctors to stake their claims thus replicated in significant ways that of the journalists and settlers who called for greater autonomy for the colony as a whole. Hierarchical relations of gender underpinned expressions of opposition between colony and metropole. The practitioners of the *Ecole de Bougie* denounced Parisian doctors as instigators of a 'quinine orgy', demanding to know 'the point of this debauchery of quinine use ... in the struggle against imaginary ailments?'⁹⁴ Invoking the undisciplined sensuality and hysterical irrationality associated with contemporary notions of femininity, these colonial doctors emphasised their own capacity for disciplined manliness. Yet, like their journalistic counterparts, doctors in Algeria also drew parallels between metropolitan domination of colonial structures and the despotic rule of the *Ancien Régime*, thus implying that rebellion, if not revolution, would be required to ensure professional liberty. Treille mocked Laveran as, 'the Illustrious Doctor, Duke of the Hematozoa, Prince of Mosquitos', while Legrain dismissed the widespread recognition of Maillot as the product of metropolitan nepotism and corruption.⁹⁵ The aggressive writing style of these doctors constituted the first stage of their rebellion, which, as discussed below, was also evident in their physical behaviour. In this way, doctors in Algeria were able to make strategic use of both imperial and local ideals of masculinity to defend their professional interests.

In their frequent interaction with European patients, doctors of the SMC, in particular, were called upon to embody dominant local ideals of masculinity. First

⁹⁴ *La Revue médicale (médecine humaine et animale) de l'Afrique du Nord (Algérie et Tunisie)*, January 1900

⁹⁵ *L'Afrique médicale*, 15 November 1908

and foremost, settlers wanted doctors who demonstrated their commitment to the local community through their obvious physical presence. This priority raised expectations concerning the doctor's place of residence, his behavior and his appearance. According to official directives, doctors of the SMC were required to reside in the designated principal town of their circumscription. Doctors who flouted these rules provoked complaints from settlers. Dr Rivière's decision to remain on his property at Tizi Ouzou, some 30 kilometres from the principal town of Mekla, provoked all 41 residents of the latter to petition the administration and demand that the doctor respect residency regulations.⁹⁶ While the settlers' demands clearly reflected a primary concern for access to health-care, their insistence in some cases suggested the wish to build their entire community around colonial medicine. While Dr Ravel lived only 800 metres from the centre of Tlelat, for example, his reluctance to reside within the town's boundaries led to repeated complaints from residents and the town council.⁹⁷ The simple presence of a doctor, moreover, would rarely satisfy settlers, and they demanded that local practitioners be omnipresent, as a demonstration of their endurance and dynamism. Popular doctors were those who defied the limitations of their mortal frame. Dr Bouteloup, the administrator of Cheliff was pleased to report, was well liked by the local population.⁹⁸ '[He is] indefatigable,' the administrator enthused, 'on the same day, after having ridden more than 100 kilometres on horseback, Dr Bouteloup tours the entire neighbourhood, and then

⁹⁶ ANOM ALG GGA 1U187, petition from the inhabitants of the centre of Mekla to Governor General, undated

⁹⁷ ANOM ALG GGA 1U175, Governor General to *Préfet* of Oran, Algiers, 16 November 1885

⁹⁸ ANOM ALG GGA 1U29, Feuille signalétique, Malakoff 1886

continues to open his door to those who call on him: he sets off again without taking any rest and goes to treat the sick however far away they may be.⁹⁹

Such activity not only provided material assistance to the local community, but reassured residents that their own doctor was himself a picture of health. Doctors who took care to present themselves as healthy and dynamic quickly won the trust of their settler patients.¹⁰⁰ Those who did not meet these standards, in contrast, were rejected as potentially harmful to the community. In 1895, Dr Ajello of Lourmel received a disappointing evaluation from the mayor.¹⁰¹ Yet as the Prefect of Oran reported, ‘the real reason why people have little faith in M. Ajello is that this doctor has a scar on his face which, I admit, is quite unsightly’.¹⁰² Perturbed by the doctor’s deformity, settlers had circulated the rumour that the scar was in fact a form of contagious cancer. Their invention reveals much about their feelings of vulnerability in a context of perceived threats to the health of the developing ‘new white race’.

The high expectations on colonial doctors to sacrifice their physical selves to the settler community, however, could sometimes lead to tension and conflict. Having called on the local practitioner to treat his sick child, M. Sursini was disappointed to find Dr Roger at table, and wrote to the mayor of the commune to complain sarcastically, ‘the doctor “is dining” and cannot be disturbed, as attending to his hunger is, of course, the most pressing issue.’¹⁰³ Doctors themselves were

⁹⁹ *Ibid.*

¹⁰⁰ ANOM ALG GGA 1U205, Feuille signalétique, Penthivière 1887

¹⁰¹ ANOM ALG GGA 1U3, Feuille signalétique, Lourimel 1895

¹⁰² ANOM ALG GGA 1U3, Feuille signalétique, Lourimel 1895; See also ANOM ALG GGA 1U31, *Préfet* of Constantine to Governor General, Constantine, 15 October 1880

¹⁰³ ANOM ALG GGA 1U190, Sursini to Mayor of Sainte Arnaud, 10 July 1889

keenly aware of the high expectations settlers held of them, and also had recourse to the administration to defend their needs, as mere mortals, of rest, respite and the comforts of home. 'I myself am perfectly aware that my body is no different from that of other men,' explained Dr Bouis in a letter to the *Préfet* of Constantine, 'and I am not prepared, just for the sake of keeping up appearances in front of settlers, to strictly observe days of fasting and vigil, and turn the whole year into a perpetual period of lent.'¹⁰⁴

Despite such recurrent tensions around the limits of doctors' physical self-sacrifice, both practitioners and patients alike aspired to an ideal of strength and dynamism. In the SMC, as in other branches of colonial medicine, the doctors who won the praise of their peers were those who demonstrated, 'signs of a persistent and impertinent youthfulness,' whatever their age.¹⁰⁵ Upon his retirement from the hospital in Mustapha in 1912, Dr Sadabini was held up as, 'an example of energy and drive' by colleagues who especially admired his 'dynamic allure, brash speech, quick temper and wanton, if not juvenile, rebelliousness.'¹⁰⁶ Exemplifying the hard-work and determination which had driven the earliest generations of settlers, Sabadini, his colleagues argued, was a model for younger generations within the profession.¹⁰⁷ Sabadini's energetic and instinctive behavior, moreover, had allegedly produced the physically regenerative effects underlined by journalists and doctors in the colony, and the retiring practitioner was complimented on, 'his physical and

¹⁰⁴ ANOM ALG GGA 1U27, Bouis to *Préfet* of Constantine, 3 December 1884

¹⁰⁵ *Bulletin médical de l'Algérie*, 10 March 1912

¹⁰⁶ *Ibid.*

¹⁰⁷ *Ibid.*

mental strength, which has been not only preserved but augmented by daily struggle.¹⁰⁸

Models of Masculine Medical Authority: Self-control and Self-expression

In such a context of struggle for health and productivity, however, the physical dynamism and frank expression of doctors could give way to aggressive behaviour and acts of violence. When directed at representatives of the state administration, these acts expressed a rivalry for social authority based on competing ideals of masculinity. The contrast between dominant metropolitan and settler ideals was neatly demonstrated in the ‘regrettable incident’ which occurred between Dr Roy, of the SMC, and the administrator of M’Sila in January 1890.¹⁰⁹ Whilst sitting quietly in a café, a group of French officials had been disturbed by the intrusion of Dr Roy. ‘Dr Roy, whom none of us ever frequent,’ reported the administrator, ‘sat at our table without having been invited. He was in a state of inebriation and we abstained from making any comment on his lack of decorum.’¹¹⁰ Dr Roy’s apparent disregard for social niceties was compounded by his failure to adhere to the ideology of the ‘civilising mission’ of French medicine in Algeria. The doctor berated the administrator for his intervention to contain a recent influenza epidemic in the Muslim district, saying, ‘that it was unnecessary to go to any expense for these fanatical

¹⁰⁸ *Ibid.*

¹⁰⁹ ANOM ALG GGA 1U193, Administrator of M’Sila to *Sous-préfet*, M’Sila, 1 February 1890

¹¹⁰ *Ibid.*

Muslims, and that in any event it wasn't up to the administration to decide upon the course of action in such cases.'¹¹¹

The disagreement over authority in the medical domain quickly degenerated into a competition for masculine and racial superiority as Dr Roy proceeded to remark upon the physical weakness and cowardice of the administrative officials, and ridicule what he called the 'savage-like face' of one among them. In contrast to Dr Roy's eagerness to resolve the matter with a fist-fight, the French administrator was at pains to prove his awareness of the contemporary metropolitan ideal of manly self-discipline. 'I have no wish to fight with you,' he reported to have calmly replied before leaving the café, 'and as my patience is wearing thin I prefer to retire.'¹¹² In a separate incident, Dr Roy was also convicted for attacking some police officers.¹¹³ Although his behaviour appears to have been fueled by alcohol, his choice of administrative target was highly suggestive. Nor, moreover, was he alone amongst his peers in using violence against French officials.¹¹⁴ Dr Vialettes was surprised to find himself charged with assault after a payment dispute with a judge in Bordj ben Arredj.¹¹⁵ Pleading his case with the Attorney General, Vialettes claimed that the kick which he had delivered the judge had, after all, only 'grazed his stomach'.¹¹⁶ Dr Le Prevost, by contrast, preferred to settle his grudge against the *Sous-préfet* of

¹¹¹ *Ibid.*

¹¹² *Ibid.*

¹¹³ ANOM ALG GGA 1U193, *Sous-préfet* of Setif to *Préfet* of Algiers, Setif, 11 September 1890

¹¹⁴ A similar incident between Dr Vaullemier and the Justice of the Peace of Lamorcière also took place in a café, ANOM ALG GGA 1U9, Office of the *Procureur Général* to Governor General, Algiers, 4 August 1891

¹¹⁵ ANOM ALG GGA 1U212, Vialettes to *Procureur Général*, Bordj ben Arredj, 25 November 1885

¹¹⁶ *Ibid.*

Orléansville with a duel.¹¹⁷ While the *Préfet* decided to show lenience in this instance – perhaps due to the renewed acceptability of dueling as an expression of manly honour in the metropole at this time¹¹⁸ – he issued a warning to Le Prevost for the ‘excessive language to which he seems drawn by nature.’¹¹⁹ Such incidents suggested divergent imperial and colonial expressions of masculinity based, respectively, on self-discipline and liberated physical expression.

The particular articulation of discourses of gender and race in the settler colony also allowed some doctors to legitimise acts of violence against European women and Algerian Muslims. Archival traces of cases of alleged sexual assault against European women, whilst rare, reveal the ways in which some doctors abused the trust placed in them as leaders of the settler community.¹²⁰ Acts of violence against Algerian Muslims were more common. Contemporary attitudes towards Islam contributed to the behaviours of doctors who openly prioritised the medical care of European settlers, or subjected Muslim patients and officials to verbal and physical abuse.¹²¹ In 1883 a number of Muslim soldiers stationed with the French garrison at Aumale made an official complaint against local practitioner Dr Castelbou. Having consumed a considerable amount of alcohol one evening, Castelbou had ridden his horse into town in a somewhat reckless manner, almost running down one of the

¹¹⁷ ANOM ALG GGA 1U124, *Préfet* of Algiers to Governor General, Algiers, 2 April 1881

¹¹⁸ Nye, *Masculinity and Male Codes of Honor*

¹¹⁹ *Ibid.*

¹²⁰ ANOM ALG GGA 1U22, Report of the investigation by M. Lebros, *Conseiller de Préfecture*, Constantine 10 November 1882, statement of Anna Hachel; ANOM ALG GGA 1U96, statement of Therèse Laurent, Duvivier 19 August 1885

¹²¹ ANOM ALG GGA 1U10 Arnaud, Arnaud to Governor General, 8 November 1893; ANOM ALG GGA 1U44, *Sous-préfet* to *Préfet* of Algiers, Algiers 18 September 1883 ; ANOM ALG GGA 1U173-174, Pièces relatives à l’enquête de 1894, Témoignage de S Larbi bel hadj, Pont d’Isser, 17 October 1894

soldiers.¹²² When enjoined by the soldier to be more careful, Castelbou, the investigating administrator reported, was ‘taken by a sudden and quite remarkable urge, [and] got down from his horse and grabbed the Spahi by the throat with one hand, whilst hitting him – or at least pushing him roughly – with the other’.¹²³ Castelbou’s actions, reported Ahmed bel Hadj, the Spahi in question, were accompanied by a volley of insults, including ‘dirty pig’ and ‘dirty Arab’.¹²⁴ Castelbou then directed his anger against the assembled crowd of curious onlookers, grouping the Jews and Muslims of Aumale together as a ‘band of cous-cous eaters’, and accusing them of being in league with the local Mayor, whom he saw as an obstacle to his own authority.¹²⁵ Castelbou’s words and actions not only revealed his own hostility towards the colonised, but demonstrated the ways in which he sought to differentiate himself as a settler from the ‘peaceful conquerors’ of the French administration whom he felt unjustly protected Muslims and Jews.

French administrators themselves were acutely aware of the challenge posed to imperial authority by the undisciplined actions of SMC practitioners. Such acts of violence, especially on the part of those men whose profession was frequently held to exemplify progress, modernity and civilisation, directly undermined the moral authority which the administration sought to cultivate. The invasive vaccination rounds of Dr Rauzières, noted Sieur Larbi bel Hadj during an administrative inquiry, had been an unmitigated failure for the French authorities in both political and medical terms.¹²⁶

¹²² ANOM ALG GGA 1U44, *Sous-préfet to Préfet* of Algiers, Algiers 18 September 1883

¹²³ *Ibid.*

¹²⁴ *Ibid.*

¹²⁵ *Ibid.*

¹²⁶ ANOM ALG GGA 1U173-174, Pièces relatives à l’enquête de 1894, Témoignage de S Larbi bel hadj, Pont d’Isser, 17 October 1894

Rauzières, who had forced his way into the tents of the nomads of Beni-Ouazzane whilst the men of the tribe were absent, had jeopardised any possibility of the tribe's future cooperation with the authorities, explained Sieur Larbi bel Hadj.¹²⁷ 'Two children, including my niece,' he added, 'were so frightened that they fell ill and even today, when they see Europeans, they emit terrible screams, convinced that their lives are in danger.'¹²⁸ Once again, the doctor's aggression towards the Muslim inhabitants of the territory was accompanied by the explicit defiance of the official structures of French authority: when Sieur Larbi bel Hadj protested to Rauzières that no notification of vaccination had been sent by the administration, Rauzières responded that he was, 'master to act as he saw fit'.¹²⁹ Condemning the doctor's actions as, 'excessively vindictive and violent', the Prefect of Oran upheld a decision to dismiss him from the service.¹³⁰ Within three years, however, given the apparent disorganisation of the administration and the low recruitment rates, Rauzières was once again practicing medicine in Algeria, vaccinating Muslim children in a series of official missions entrusted to him by the General Government.¹³¹

Colonial administrators also worried about the impact of doctors' disorderly behaviour on settlers' perceptions of French authority in Algeria. In addition to the regular evaluation of doctors' medical expertise, the administration anxiously surveyed the personal habits of practitioners. These habits, in addition to the public

¹²⁷ *Ibid.*

¹²⁸ *Ibid.*

¹²⁹ *Ibid.*

¹³⁰ ANOM ALG GGA 1U181, *Préfet* of Oran to Governor General, 16 November 1894

¹³¹ ANOM ALG GGA 1U173-174, *Cabinet du Secrétaire General du gouvernement*, report to Governor General, 15 February 1900

reaction they elicited – or failed to elicit - were used by the administration to measure the distance between its own cultural ideals and those of the settler community. While the *Sous-préfet* of Sidi Bel Abbès, for example, was unconcerned by the extra-marital liaison of Dr Lelièvre, he could not abide the public nature of the affair.¹³² 'I would not have concerned myself with the matter', he explained to the *Préfet* of Oran, 'had the doctor acted with more discretion. But he goes out walking in the street and in other public places with the woman on his arm. He takes her to the theatre and to the settler villages he visits whilst out on his rounds.'¹³³ The anxiety of the *Sous-préfet*, in this case, does not appear to have been motivated by the complaints of settlers themselves, suggesting a disparity between the cultural values of the local settler community and the French administration.

Indeed, settlers sometimes relied on doctors, in their capacity as leaders of the local community, to defend them from the assimilating impetus of the French state. In 1883, Dr Bergot, who had been called upon to act as a replacement Justice of the Peace in El-Arouch, was admonished by the *Sous-préfet* of Constantine for not recognising his duty as a representative of the French administration when he failed to punish a group of youths who had led a charivari during a recent wedding. Marriages were officiated by representatives of the French state and the public derision of a ceremony, the *Sous-préfet* reminded his superior, was 'an unjustifiable and barbaric custom' which was no longer tolerated by officials, 'even in the oldest towns in the metropole.'¹³⁴ 'We can be justifiably shocked that a French magistrate

¹³² ANOM ALG GGA 1U114, *Sous-préfet* to *Préfet* of Oran, Sidi bel Abbes, 15 July 1893

¹³³ *Ibid.*

¹³⁴ ANOM ALG GGA 1U22, *Sous-préfet* of Philippeville to *Préfet* of Constantine, Philippeville, 22 August 1883, copy

finds a charivari to be completely natural,' continued the *Sous-préfet*.¹³⁵ Even more shocking, the administrator suggested, was that Bergot had attempted to justify the event as a local custom; 'this Algerian town was recently established and it is not therefore possible to believe that such customs can have taken root here', he exclaimed.¹³⁶ Perceiving Algeria as a cultural void into which the French Third Republic should have been able to diffuse its cultural norms unchallenged, the *Sous-préfet* could evidently not conceive of a settler culture based on the local transformation of practices drawn from the European migrants' pasts. And yet, the same administrator implicitly acknowledged, Bergot, in all likelihood had only been conceding to local demands – the acquittal of the youths, in the *Sous-préfet's* opinion, was part of Bergot's campaign to increase his popularity before running for election to the departmental council.¹³⁷ In reviving the charivari in Algeria, Bergot and the young men of El-Arrouch called into question the capacity of the French administration to impose its cultural norms on a settler population which championed a form of masculinity based on liberated physical expression.

As punishment for his 'failure to recognise the gravity' of the charivari, and as a result of his political ambitions, the *Préfet* of Constantine ultimately recommended that Bergot be transferred, though not dismissed from the SMC.¹³⁸ Such a decision on the part of the administration, as previously demonstrated in the case of Dr Rauzières, was not unusual. The difficulties of recruitment and the expense of formal

¹³⁵ *Ibid.*

¹³⁶ *Ibid.*

¹³⁷ *Ibid.*

¹³⁸ *Ibid.*

investigations meant that disciplinary action seldom went further than the relocation of a troublesome doctor to another medical circumscription. In the rare cases in which suspension was recommended, moreover, wayward practitioners might rely on their peers' invocation of the specificity of local conditions and practices to help them escape this fate.

Dr Fessard found himself in just such a situation in 1883. Tired of Fessard's habitual drunkenness, the administrator of Malakoff wrote to his superiors to complain that he had recently been obliged to haul the doctor onto a public carriage, 'just as one might load a parcel.'¹³⁹ The administrator feared the consequences of such displays for the image of the French government.¹⁴⁰ 'It is clear that such a state of affairs cannot continue without demeaning the reputation of the administration itself which remains morally responsible for the personnel it employs,' he warned.¹⁴¹ Influenced by such arguments, the Governor General proposed Dr Fessard's suspension.¹⁴² This measure, however, had to be ratified by a committee of Fessard's peers. Ultimately, only one of the four doctors on the committee approved Fessard's dismissal. The others excused his behaviour as a sign of his youth, and the committee finally suggested that Fessard be transferred rather than definitively relieved of his duties.¹⁴³ For those doctors who had experience of practice within the SMC, behaviour such as that shown by Dr Fessard was simply the result of the

¹³⁹ ANOM ALG GGA 1U79, Rapport Trimestriel, 4eme trimestre 1883, Commune de Malakoff

¹⁴⁰ ANOM ALG GGA 1U79, Report of *Comité d'assistance médicale*, 31 January 1884. Extract of letter from *Sous-préfet* of Orléansville to *Préfet* of Algiers, 15 May 1888

¹⁴¹ ANOM ALG GGA 1U79, Rapport Trimestriel, 4eme trimestre 1883, Commune de Malakoff

¹⁴² ANOM ALG GGA 1U79, *Préfet* of Algiers to Governor General, Algiers 17 February 1884

¹⁴³ ANOM ALG GGA 1U79, report of *Comite d'Assistance Médicale*, 31 January 1884

particular conditions of colonial existence.¹⁴⁴ These conditions shaped the local settler culture to which doctors of the SMC could refer in an attempt to protect their professional community from the intervention of the state. In underlining the distinctive nature of settler practices and values, moreover, doctors of the SMC tied their professional demands to the calls of the wider settler community for colonial autonomy.

Conclusion

At the end of the nineteenth century the government of the French Third Republic relied on its colonial agents to uphold the gendered values of civilisation which underpinned contemporary expressions of French national identity and imperial authority. The maintenance of these values by state representatives in Algeria, politicians believed, was rendered all the more urgent by the fact that the territory was officially integrated into the '*une et indivisible*' French nation, yet inhabited primarily by Algerian Muslims and Europeans of non-French origin. Building on the structures established by previous regimes, the republican authorities initiated a series of reforms of the SMC in the late 1870s in an effort to centralise the service and ensure closer ties between the administration and colonial doctors. Desirous of placing their expertise at the service of the state and elevating the prestige of their profession, doctors readily accepted a role as 'colonisers representing the administration' and 'civilisers of the settlers and indigenous inhabitants of Algeria'.¹⁴⁵

¹⁴⁴ ANOM ALG GGA 1U79, Trolard to Governor General, undated

¹⁴⁵ Milliot, *La Médecine de colonisation en Algérie*, 39

As Dr Benjamin Milliot explained, however, serving the state and spreading the values of French civilisation were only two elements of the colonial doctor's 'triple mission', which also entailed a responsibility to his patients.¹⁴⁶ During this period, most of these patients were part of a settler population of mixed European origin, engaged in the imagination of their own, distinctive, cultural community. Their French heritage formed but one part of 'the new white race' celebrated in local medical journals and the mass press. Due to the institutional framework in which they operated, and the largely transient nature of the professional experience they had gleaned before entering the SMC, colonial doctors in Algeria often identified with the settler community as readily as they did with the imperialists of the metropole. Indeed, in order to better serve the interests of French imperialism, doctors argued, the particularity of the local context had to be taken into account. As part of a local community, they further argued, medical practitioners should be afforded a measure of freedom from state control. Faced with the centralising and assimilating impetus of the state, colonial doctors in Algeria came to embody the emergent values of local settler culture. Although they, and other settler men, could draw on the performance of manly self-control to differentiate themselves from supposedly uncivilised Algerian Muslims, they also frequently enacted a form of undisciplined physical expression to differentiate themselves from the French men of the metropole, whom they considered to be overly-civilised and degenerate. In so doing, they tied their demands for professional freedom to a wider settler movement for administrative autonomy.

French medicine in Algeria operated within the specific conditions of a mixed settler society. The tensions generated between metropole and colony by alternative

¹⁴⁶ *Ibid.*

visions of imperial community shaped the practice of colonial medicine and call into question the existence of a unitary French medical culture at the end of the nineteenth century. The recognition of these internal dynamics invites further reflection on how those groups who were marginalised as both practitioners and patients may have strategically exploited these tensions. In this context, the appeals to morality or rationality made by disappointed Muslim practitioners or French female doctors in their correspondence with the administration must be understood less as outright expressions of resistance, than as deliberate interventions in a long-standing dialogue between the French authorities and the settlers over understandings of race, gender and violence.