

**Health Conditions and Medical Practices in
Ottoman Algeria: A Western Perspective**

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Abstract: This article examines the health conditions in Ottoman Algeria and the therapeutic methods employed there, as recorded in Western writings, since these sources contain significant observations on the subject. Notable examples include the journey of English physician Shaw in the first half of the 18th century and the travels of French naturalists Peyssonnel and Desfontaines during the same century. The writings left by Pastor Poirer and French Consul Vallière at the end of this century are equally important, as are the observations of Italian captive Pananti and Trapani at the beginning of the 19th century, in addition to studies published in the African Journal by Barbrugger, Devoulx. These writings compiled a significant collection of information and historical observations about the study's subject, including discussions of diseases prevalent in the province and treatment methods. Based on their records, we provide a historical examination of the province's health situation and the widespread medical practices by presenting a general overview of health conditions and therapeutic approaches adopted by Algerians during that period.

Keywords: Ottoman Algeria; Western accounts; Health conditions; Medical practices; Traditional medicine; Epidemics

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Introduction: Scholars investigating health conditions in Algeria during the Ottoman period must consult Western accounts, as these materials provide comprehensive documentation on this topic. Among these works, authors have conducted historical examinations of Algeria's social dimensions, treating health conditions as a crucial analytical component. Some documented prevalent diseases and their etiologies, while others examined natural disasters as precipitating factors in epidemic outbreaks. Additional scholarship has traced epidemic progression within the region, and other studies have analyzed therapeutic practices and treatment methods.

In addition to information conveyed through local writings, Western accounts and scholarship have provided studies and observations of equal importance. Notable among these are the observations of English traveler Thomas Shaw, French naturalists Peyssonnel and Desfontaines, and Father A. Poiret. Additional contributions include Marchika's article on plague in Africa, Devoulx's article on natural disasters, Berbrugger's article on hospitals in the regency, and the doctoral dissertation by French scholar Gabriel Colin. Colin examined the work of Algerian physician and traveler Abd al-Razzaq ibn Hammadush, entitled "Revealing the Symbols of Herbal Medicine," from which he derived the traditional healing methods and medical practices employed by Algerians.

This article examines how Western sources characterized health conditions in Algeria during the Ottoman period and identifies the treatment methods utilized by Algerians during this era. Using a descriptive historical approach, the research relies on Western observations, accounts, and studies to reconstruct the medical practices and health realities of the period.

I. GENERAL OVERVIEW OF THE HEALTH SITUATION IN OTTOMAN ALGERIA:

I.1- Epidemics and Diseases:

Most sources and historical studies agree that Algeria enjoyed a favorable climate due to its natural environment and temperate

weather. Dr. Shaw observed a scarcity of physicians during his visit in the first half of the 18th century, attributing this to the rarity of severe disease outbreaks¹. The main exceptions were seasonal diseases that primarily affected children in areas adjacent to swamps. Europeans noted the Algerians' meticulous attention to clothing cleanliness and hand-washing practices before meals².

Poiret noted that Algerians maintained cleanliness and adopted preventive measures to avoid epidemic spread. However, he observed that the Jewish community experienced higher rates of fatal diseases like cholera, which he attributed to inconsistent sanitation practices in their densely populated neighborhoods³. This generally favorable health situation was periodically disrupted by epidemics transmitted through ports and ships arriving from the East or Europe via Algeria's Mediterranean connections.

De Grammont documents the 1535 epidemic, which coincided with severe famine and was transmitted to Algeria via a wheat-laden ship that anchored at the port, resulting in numerous deaths⁴. Another significant outbreak was the 1542 Oran epidemic during Hassan Agha's rule. According to Haedo, Berbrugger, and Raynaud, this epidemic caused substantial mortality and compelled the Spanish forces to establish camps outside the city walls⁵.

Berbrugger documents the 1552 epidemic, which he identified as the earliest recorded epidemic in the province, reportedly

¹ Shaw Thomas, *Voyage dans la régence d'Alger*, translated by Jean-Baptiste Mac Carthy, Paris : marlin, 1830. p. 81.

² Ibn 'Attū Jalīl, "al-Awḍā' al-ṣiḥḥīyah wa-al-ma'īshīyah wa-al-dīmūghrāfiyah fī al-Jazā'ir al-'Uthmāniyah min khilāl al-maṣādir al-gharbīyah" [Health, living, and demographic conditions in Ottoman Algeria through Western sources], *Majallat al-Nāsirīyah lil-dirāsāt al-ijtimā'īyah wa-al-tārīkhīyah* [*Al-Nasiriyah Journal for Social and Historical Studies*], vol. 13, no. 1, University of Mascara, June 2002, pp. 640-641

³ Pointe Jacques Pierre, *Relation médicale d'un voyage de Lyon à Alger*, Lyon : Maire, Libraire, 1836. p. 28.

⁴ Qandūz 'Abd al-Qādir, "al-Waḍ' al-ṣiḥḥī bi-al-Jazā'ir fī al-'ahd al-'Uthmānī" [The health situation in Algeria during the Ottoman period], *Majallat al-Khaldūniyah* [*Al-Khalduniyah Journal*], vol. 7, no. 1, Ibn Khaldun University Tiaret, December 2014, p. 268.

⁵ Marchica Jean, *La peste en Afrique septentrionale : Histoire de la peste en Algérie de 1363 à 1830*, Alger: Julien Carbonel, 1927. p. 24.

transmitted via Salih Reis's fleet from Istanbul⁶. According to Marchika, the 1553 outbreak claimed 9,000 lives and was called "Banek Bachi" by Arabs. A subsequent wave from 1555 to 1557 claimed Salih Reis himself as a victim⁷.

Epidemics continued to strike Algiers throughout the 17th century, occurring in 1601, 1609, 1620, 1639, 1643, 1649, 1654, 1661, 1674, 1678, 1691⁸, 1695, and 1698⁹. The 1620 outbreak proved particularly severe, spreading across North Africa from Morocco through Algeria to Tunisia¹⁰. This epidemic was known as "The Great Pox" in Algeria and Morocco, and "Sidi Belkheir" in Tunisia. Another intense period occurred between 1654 and 1666, affecting Oran, Constantine, and Bejaia, with approximately 500 daily deaths.

De Grammont attributed the epidemic's spread to sea captains who transmitted the infection to Algeria. This outbreak caused the deaths of 10,000 captives, and the annual death toll in the late 17th century was estimated between 25,000 and 45,000 people¹¹. Epidemics continued throughout the 18th century, occurring notably in 1732, 1740, 1749, 1784, 1787, 1788, 1793, 1794, and 1798. The impact of these epidemics was compounded by their frequent association with famines and natural disasters, leading to demographic decline and economic deterioration, particularly during the 17th and 18th centuries¹². De Venture noted that the 1787 epidemic caused the deaths of many silk belt artisans, reducing their numbers and declining silk production¹³.

⁶ Ibid., p. 25.

⁷ Ibid., p. 26.

⁸ The epidemic was violent in this year and was called "the year of Bourourou". See: Féraud Charles, "Éphémérides d'un secrétaire officiel sous la domination turque à Alger de 1775 à 1805", *Revue africaine*, office des publication universitaires, Algiers, vol. 18, 1874. p. 319.

⁹ Ibn 'Attū Jalīl, Op. cit., p. 642.

¹⁰ Marchika Jean, Op. cit., p. 40.

¹¹ Qandūz 'Abd al-Qādir, Op. cit., p. 269.

¹² Ibn 'Attū Jalīl, Op. cit., pp. 642, 643.

¹³ Venture de Paradis Jean-Michel, *Tunis et Alger au XVIIIe siècle*, Paris : Sindibad, 1983. p. 123.

The 1740 epidemic, accompanied by severe famine that Algeria had experienced since 1738, caused large numbers of deaths, with daily fatalities ranging from 200 to 400. Al-Wartilani reports that it devastated the inhabitants of Biskra and its suburbs, killing thousands of residents and nearly eliminating the population entirely¹⁴. The 1786-1787 epidemic reached Algeria from Alexandria via Tunisia, claiming between 200 and 240 lives daily, according to Venture¹⁵. Another outbreak occurred in 1793, brought by sailors from Istanbul. In a letter dated January 23, 1793, to his correspondent in Annaba, the French consul described the epidemic's aftermath: 'The plague affected the Biskris working in Algiers, then spread to the countryside until it reached Blida.' He estimated that 12,000 people died between 1792 and 1793¹⁶.

Epidemics continued to occur from 1799 until 1804, followed by additional outbreaks in 1812, 1816, and 1817. Al-Miknasi, who visited Algeria during one of these outbreaks, describes the prevailing conditions: '*When we reached Algeria, we camped outside it and did not enter, having found the epidemic there—God protect us—which had been strong before our arrival, with approximately three hundred people dying daily according to what was reported to us.*'¹⁷ The 1817 outbreak proved particularly virulent, according to contemporary French newspapers. Beyond North Africa, this epidemic affected numerous countries and Ottoman territories, including Corfu Island, Smyrna, and the Kingdom of Naples, as well as reaching the Americas, specifically the islands of Martinique and Guadeloupe¹⁸.

In addition to epidemics, Algeria experienced various endemic diseases, including smallpox, which had a long-established presence in North Africa and reportedly affected the country approximately

¹⁴ Qandūz 'Abd al-Qādir, Op. cit., p. 270.

¹⁵ Venture de Paradis. Op. cit., pp. 151-154.

¹⁶ Āl Sayyid al-Shaykh, Su'ād. "al-Awḍā' al-ṣiḥḥīyah wa-in'ikāsātuhā 'alā al-mujtama' al-rīfī ijtīmā'īyan wa-iqtisādīyan bi-al-Jazā'ir al-'Uthmānīyah" [Health conditions and their social and economic reflections on rural society in Ottoman Algeria], *Majallat al-dirāsāt al-tārīkhīyah* [Journal of Historical Studies], vol. 9, no. 1, Algeria, September 2021, p. 95.

¹⁷ Ibid., p. 95.

¹⁸ *Journal des débats politiques et littéraires*, 12/01/1817. p. 1.

every four years. Outbreaks were recorded at the beginning of the Ottoman presence: in 1509 when it struck the Spanish garrison in Bejaia, and again in 1560. Typhus was associated with periods of famine and locust infestations, presenting symptoms of high fever and severe headaches. The region also suffered from marsh fever and trachoma, the latter predominantly affecting children¹⁹.

I.2- Natural Disasters:

During the Ottoman period, Algeria experienced numerous natural disasters, including earthquakes, droughts, and floods, which had devastating impacts on public health. These catastrophic events frequently triggered disease outbreaks, epidemics, and widespread famine.

Earthquakes posed a persistent threat throughout this period. In 1632, a devastating earthquake affected Algiers and Medea, resulting in substantial civilian casualties. The 1716 earthquake ranks among the most severe recorded, impacting Algiers, Cherchell, and Bejaia, with fatalities reaching 20,000. This disaster was followed by social disorder and widespread looting. Additional earthquakes occurred in 1723 and 1724, affecting Miliana, Algiers, and Annaba. The 1755 earthquake that devastated much of the Mediterranean region, commonly known as the Lisbon earthquake, caused extensive structural collapse in Algeria and was accompanied by social upheaval and pillaging²⁰. In 1760, an earthquake in Blida forced residents to seek refuge in surrounding gardens, and another struck the regency in 1770²¹. Oran suffered a particularly lethal earthquake in 1790, claiming approximately one thousand lives. Earthquakes continued into the early nineteenth century, with notable events in 1810, 1818, and 1825, collectively resulting in seven thousand fatalities. A final earthquake affected Algiers in 1830²².

Algeria also suffered various hydrological and meteorological disasters. The Mitidja Plain experienced severe flooding in 1675

¹⁹ Qandūz 'Abd al-Qādir, Op. cit., pp. 271, 272.

²⁰ Ibn 'Attū Jalīl, Op. cit., p. 649.

²¹ Féraud Charles, Op. cit., p. 319.

²² Ibn 'Attū Jalīl. Op. cit., p. 649.

due to elevated river levels, while extensive orchard fires occurred in 1709. The regency endured a severe blizzard in 1694²³.

Devoulx provides detailed documentation of coastal storms in his African Review article titled "Some Storms in Algeria." Drawing upon maritime records and European naval logs, he chronicles numerous floods and storms that devastated the regency's coastline and naval infrastructure. The 1592 storm proved particularly destructive, destroying both the maritime pier constructed by Khayr al-Din Barbarossa and several naval vessels. The 1619 storm destroyed 25 ships. Additional destructive storms occurred in 1715, 1727, 1731, 1734, 1736, 1750, 1753, 1754, 1755, 1757, 1792, 1812, and 1816²⁴.

II. MEDICAL PRACTICES AND TREATMENT METHODS

European sources show near-unanimous agreement about the absence of formal medical practice in Algeria during the Ottoman period, except for certain folk remedies. This situation stemmed from the inhabitants' perception of illness as divine will, believing that God was the ultimate healer. The few Algerian physicians relied on Spanish translations of the Greek physician Dioscorides' texts²⁵. Dr. Shaw observed that the population depended predominantly on traditional medicine using herbal treatments, with patients typically preparing herbal teas for medicinal purposes²⁶.

Medical and surgical practices were conducted within the Kasbah quarters and other urban centers by individuals who primarily worked as barbers. Their basic surgical equipment included rudimentary implements: a cupping horn, lunar caustic, felt, scissors, and a scalpel. These instruments were simply arranged on mats with no attention to hygiene. Additional tools sometimes included extraction forceps for dental procedures, short-bladed

²³ Féraud Charles. Op. cit., p. 319.

²⁴ Devoulx Albert, "Quelques tempêtes à Alger", *Revue africaine*, office des publication universitaires, Algiers, vol. 15, 1871. pp. 342-351.

²⁵ Pananti Filippo, *Relation d'un séjour à Alger*, translated from the English by Joseph Henri Lasalle, Paris: Le Normant, 1820. p. 371.

²⁶ Shaw Thomas, Op. cit., p. 84.

knives for cauterization, and iron rings of different sizes used for treating gunshot wounds²⁷.

These practices likely led Western observers to claim that no physicians existed in Algiers during the late Ottoman period. They characterized medical treatment as the population's dependence on barbers who performed some therapeutic procedures along with their regular barbering work²⁸. Renoudot described Algeria's medical situation in particularly dire terms: *'We hear nothing here of a physician for the Dey, or a surgeon for the treasurer, or a pharmacist for the Agha. When a Turk loses his appetite, he goes to the barber who gives him pills made from rose syrup (jallab), considered a panacea for all ailments... while some, especially the Kouloughlis, resort to European surgeons present in Algeria'*²⁹.

Medical treatment was confined to cupping and rituals that Western observers often described as superstitious, such as carrying amulets and seeking protection from marabouts. Poiret documented these observations while describing treatment methods practiced in eastern Algeria and the Al-Kala region³⁰. During one of his expeditions to these areas, he examined several Moorish women who were startled by the green color of his gloves, mistaking this for the natural color of his hands. Poiret corrected their misconception and explained the purpose of gloves, noting their unfamiliarity with such European items³¹.

Poiret attributed the inhabitants' unfamiliarity with European medical practices to their infrequent need for physicians and the low incidence of diseases among the population. He expressed admiration for their simple dietary habits and lifestyle practices. He noted that they consumed no bread, had no knowledge of meat

²⁷ Arnaudies Fernand, *Esquisses anecdotiques et historiques du vieil Alger*, A. Barthélemy, 1990.p. 182.

²⁸ Celarié Henriette, *Esclave en Alger*, Paris : Hachette, 1930. p. 97.

²⁹ Renoudot Estienne-Claude, *Alger : tableau du royaume, de la ville d'Alger et de ses environs*, 4th edition, Paris : Librairie universelle de P. Mongie aîné, 1830. p. 98.

³⁰ Poiret Jean-Louis Marie, *Voyage en Barbarie, ou Lettres écrites de l'ancienne Numidie pendant les années 1785 et 1786*, Paris : Le Sycomore, 1980. pp. 133, 134.

³¹ Ibid., p. 99.

preparation, and drank only water. Under these conditions, they demonstrated superior health and strength, with diseases rarely occurring among them. They built no permanent dwellings, finding contentment with only a hut made from leaves or a rocky cave for shelter from the elements³².

Western accounts also documented the absence of hospitals in Algeria, except for one facility established by the Spanish government to care for Christian captives. This institution was administered by the clergy and staffed by European physicians and surgeons. The facility received governmental protection, which French Consul Vallière attributed to the regency's dependence on its services. He argued that both the state and the general populace relied on this institution because they lacked medical expertise³³.

Several European travelers in the late eighteenth century documented the regency's inhabitants' eagerness to seek medical consultations from them, despite these travelers' lack of medical training. Poirer reported that during his journey through the eastern Beylik, he typically lodged in one of the douars. Each morning, he would find himself surrounded by large crowds of Moors seeking medical attention. He felt obligated to accommodate their requests and visit their tents, accompanied by his surgeon colleague. He observed similar eagerness among women who gathered in their quarters³⁴.

Desfontaines reported similar experiences during his journey toward the western Beylik, where he spent a night near the Dhaya Mountains in the Wadi Cheliff area. Local inhabitants of the douar approached him for medical consultations³⁵. These Europeans recognized that the locals' trust in physicians could benefit their circumstances. They used their perceived medical knowledge to

³² Poirer Jean-Louis Marie, *Op. cit.*, p. 86.

³³ Vallière Césaire Philippe, *L'Algérie en 1781 : mémoire du consul C. Ph. Vallière*, presented by Lucien Chaillou, Toulon : Imprimerie Nouvelle (Valbertrand), 1974. p. 63.

³⁴ Poirer Jean-Louis Marie, *Op. cit.*, pp. 94, 95.

³⁵ Peyssonnel Jean-André and Desfontaines, René Louiche, *Voyages dans les régences de Tunis et d'Alger*, published by Dureau de la Malle, volume 1, Paris: Gide, 1838. p. 150.

facilitate their scientific expeditions, as in Desfontaines' case, or to improve their treatment during captivity by gaining advantages over other prisoners. A French officer employed a similar approach during his captivity among local tribes, securing favorable treatment after they observed him treating an injured colleague³⁶.

Local archival documents corroborate the accounts found in Western writings regarding both rulers' and inhabitants' reliance on Europeans for medical treatment. This evidence appears in correspondence sent by Salih Bey to the captain of La Calle in 1185 AH, in which he requested that a physician be sent to treat one of his officers. The following excerpts from this letter demonstrate this practice: *'Praise be to God, from the servant of God Almighty, who trusts in Him, who delegates all his affairs to Him, the most exalted and highest... our master Salih Bey... to our servant Brefon, captain of La Calle. Peace be upon those who follow the guidance. As for what follows: What is required of you is to send us Milan the physician to treat our servant Hajj Muhammad Boumaaya, commander of the cavalry, and it is absolutely necessary...'*³⁷

Notably, Algerians' reliance on European physicians persisted during the initial years of French occupation, as the colonial transition did not immediately alter established medical practices. Initially, the inhabitants' confidence in European medical expertise remained intact. This continuity was documented by a French physician who traveled to rural areas surrounding Algiers, where local inhabitants approached him for medical consultations. He observed their earnest commitment to following his medical advice³⁸.

Historical studies examining medicine and health conditions reveal that pre-colonial Algiers contained several hospitals beyond the Spanish hospital, some dating back to the sixteenth century.

³⁶ Lomon Alexandre Martin, *Souvenirs de l'Algérie, captivité de l'Amiral Bonard et de l'Amiral Braut*, Paris: J. Hetzel-Libraire Claye, 1863. p. 71.

³⁷ Shakhūm Sa'dī, "Qirā'ah fī awḍā' al-ṭibb muta'allaqātih bi-al-Jazā'ir al-'Uthmāniyah" [A reading on medical conditions and their relations in Ottoman Algeria], *Majallat al-ḥiwār al-mutawassiṭī* [Mediterranean Dialogue Journal], vol. 1, no. 1, University of Sidi Bel Abbès, Algeria, p. 278.

³⁸ Pointe Jacques Pierre, Op. cit., p. 39.

These institutions were established by European clergy to provide care for Christian captives and alleviate their suffering³⁹. Berbrugger notes that the earliest hospital was founded in 1551 by the Spanish priest Sébastien Duport⁴⁰. This facility, known as the "Bagne des malades"⁴¹ (Penal colony for the ill), employed physicians of various European nationalities.

European physicians continued to arrive in the region until Algeria came under French rule. One French captive documented in his memoir visits by an Italian physician to the prison to examine sick prisoners⁴². Historical sources indicate that the medical personnel of the Spanish hospital comprised a physician, a surgeon, and a pharmacist. European female captives supplemented this staff by providing care and comfort to patients⁴³. Beyond treating prisoners, this hospital also provided medical care to prominent figures within the regency, including provincial beys⁴⁴.

In 1800, an additional hospital was established specifically for Janissaries, with the government recruiting physicians from Egypt and Constantinople to staff the facility. However, these hospitals ceased operations between 1806 and 1826, except for the Spanish hospital. The French government subsequently reopened the Lazarist hospital, though operations were disrupted following the French naval blockade of the Algerian coastline in 1827⁴⁵.

The government also demonstrated considerable attention to medical care aboard naval vessels. Mustapha Khayati notes in his work "Medicine and Doctors in Ottoman Algeria" that ship crews included a surgeon or chief surgeon selected from qualified candidates regardless of nationality. These practitioners carried containers of medicinal supplies and performed surgical procedures

³⁹ Arnaudies Fernand, Op. cit., pp. 183, 184.

⁴⁰ Berbrugger, Adrien, *Charte des hôpitaux chrétiens d'Alger en 1694*, *Revue africaine*, office des publication universitaires, Algiers, vol. 8, 1864. p. 134.

⁴¹ Marchica Jean, Op. cit., p. 26.

⁴² Lomon Alexandre Martin. Op. cit., p. 156.

⁴³ Trapani Domingo Gian, *Alger tel qu'il est : Tableau statistique, moral et politique de cette régence*, Paris : L. Fayolle, 1830. p. 53.

⁴⁴ Cano y Nieto Alonso, *La Régence d'Alger au XVIIIe siècle*, translated by I. Terki-Hassaine, Algiers : Dar El Quds El Arabi, 2010. p. 181.

⁴⁵ Arnaudies Fernand. Op. cit., pp. 183, 184.

under extremely challenging conditions without anesthesia, sometimes requiring amputations⁴⁶.

As a preventive measure against disease transmission, particularly plague, Algeria implemented quarantine protocols similar to those of other nations. The Bey of the West, Muhammad al-Kabir, employed such measures during deadly epidemics. During the plague epidemic that affected the regency in 1794, he relocated his family to the Melata Plain, establishing camp there for three months. This outbreak reached Algeria from the East via pilgrimage vessels, following an earlier plague that had struck the Regency in 1786⁴⁷.

Mineral baths and natural springs were recognized as valuable therapeutic resources in Algeria, particularly for dermatological conditions and joint disorders. Numerous baths and springs served this medicinal purpose, including the thermal pool formed by springs near the shrine of Sidi Maimon in Constantine. This site functioned as a pilgrimage destination for individuals seeking treatment for rheumatism and wound healing⁴⁸.

Several notable medical practitioners and herbalists practiced in Algeria, including the traveler Abd al-Razzaq ibn Hammadush, who authored a compendium entitled "Revealing Symbols in Explaining Drugs and Herbs." This work attracted significant European scholarly attention. Physician Lucien Leclerc translated the text, and Gabriel Colin completed a doctoral dissertation examining it in 1905. This compendium contained a comprehensive collection of

⁴⁶ Khayyāṭī Muṣṭafā, *al-Ṭibb wa-al-aṭibbā' fī al-Jazā'ir al-'Uthmānīyah* [Medicine and physicians in Ottoman Algeria], National Company for Communication, Publishing and Distribution, Algeria, pp. 68, 69.

⁴⁷ Fey Henri-Léon, *Histoire d'Oran avant, pendant et après la domination espagnole*, Alger : Typographie Adolphe Perrier, 1858. pp. 270, 271.

⁴⁸ Peyssonnel Jean-André and Desfontaines René Louiche, Op. cit., p. 336.

herbs and pharmaceutical substances with their documented therapeutic applications⁴⁹.

Table 1. Ethnopharmacological Applications of Traditional Remedies in Historical Algerian Practice

Arabic Name	English Name	Therapeutic Administration and Applications
Al-Thūm	Garlic	To treat bronchitis, scorpion stings, and rabies
Ḥabbat al-Ḥalāwah	Anise	To promote lactation, stimulate urination and sweating, relieve headaches, and enhance bread aroma
‘ūd Qamārī	Agarwood	To stimulate cardiac and cerebral function, relieve intestinal gas, eliminate parasites, and neutralize odors
Al-Ḥadīdah	Copper sulfate	To dye hair and beards; applied as eye drops
Al-Ḥantīt	Asafoetida	To treat neurological disorders, seizures, chronic diarrhea, and fever; when combined with honey, aids in dissolving bladder stones
Al-Jāwī	Benzoin	To treat gastric disorders, diarrhea, and heart palpitations
Al-Qirfah	Cinnamon	To stop bleeding, eliminate odors, and reduce hemorrhoidal inflammation when diluted with water

The Italian captive Pananti documented various ailments and corresponding therapeutic practices involving cauterization, incision, and herbal applications. The following diseases and their treatment methods illustrate these approaches⁵⁰:

Table 2. Folk Therapeutic Procedures Documented by Pananti

Condition	Treatment Method
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⁴⁹ Ibn Ṣaḥrāwī Kamāl, *al-Ḥayāh al-rīfīyah fī Bāylak al-Gharb al-Jazā'irī khilāl al-'ahd al-'Uthmānī* [Rural life in the Western Algerian Beylik during the Ottoman period], 1st edition, Dār al-Ayyām, Jordan, 2019, pp. 238, 239.

⁵⁰ Pananti Filippo, Op. cit., pp. 371, 372.

Acute wounds	Application of melted butter to wound sites
Rheumatism	Incision of affected joints with a scalpel
Ulcers	Treatment through cauterization
Fever	Placement of medicinal herbs on the patient's head
Scorpion and snake bites	Application of garlic and onion paste to bite sites

Analysis revealed that therapeutic practices relied predominantly on traditional medicine utilizing herbs and pharmaceutical preparations. This reliance on traditional methods extended throughout the Islamic world during this period and can be attributed to the emphasis on transmitted knowledge (naql) over rational sciences (aql), resulting in scholarly focus on commentaries and abridgments of earlier medical works rather than original innovations.

Conclusion:

Western accounts reveal several key findings about health conditions in Ottoman Algeria. Although these accounts described Algeria's climate as generally healthy, the population remained vulnerable to epidemic outbreaks. Disease transmission occurred through maritime contact with infected vessels from Eastern or European ports, and natural disasters frequently precipitated epidemic and famine cycles.

Medical practice among Algerians centered primarily on traditional therapeutic methods. Rulers showed limited interest in establishing formal medical institutions, instead relying on European expertise available within the regency through captives, travelers, and hospitals established by Christian clergy for captive care.

While some Western observers attributed Algerian medical practices to fatalistic religious beliefs regarding divine decree, the evidence demonstrates active engagement with preventive measures including personal hygiene, quarantine protocols, and traditional therapeutic practices such as herbal medicine and mineral bath treatments. This suggests a more nuanced approach to health and healing than simple fatalism would indicate.

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