2 Social Medicine in the Arab World
Colonial Legacies and Postcolonial Praxis

Joelle M. Abi-Rached and Lidia Helou[*]

This chapter outlines a genealogy of the concept of "social medicine" in Arabic. We argue that despite widespread practical engagement with its principles, the term *at-ṭibb al-ijtimāʿī* (social medicine) has not gained significant traction in either the medical or popular literatures in the Arab world. We propose two main reasons for this. First, the term is somewhat tautological in Arabic. Historically, the figure of the *ḥakīm* – meaning "sage," "judicious," or "wise" – has always embodied a social responsibility, serving as a trusted advisor to both rulers and the needy. Second, unlike in France or Germany, where social medicine developed into a distinct academic field, physicians in the Arab world have approached it more as a practical endeavor than a theoretical one. The term "social medicine" first appeared in Arabic in 1912, shortly before popular revolutions convulsed the Arab world in the aftermath of the First World War and the redrawing of national boundaries. In essence, social medicine has functioned as a practical philosophy of care for the "wretched of the earth" – to borrow Jacques Roumain's (1945) evocative phrase – purged of its colonial justification originally attached to it by the French doctor, Jules Guérin, as this chapter will illustrate.

We examine two early and rare reflective essays on the concept of social medicine written by Shibli Shumayyil and Amin A. Khairallah, medical doctors trained at the American University of Beirut (AUB) nearly four decades apart. Although their analyses of what social medicine is and should be differ radically, both seem to share a holistic and idealistic vision of medicine as a remedy not only for the limitations of clinical medicine but also for the social ills and diseases afflicting their societies. Amid the worsening impoverishment in the Arab world and the growing misery wrought by colonialism, authoritarianism, war, and social strife throughout the twentieth century, many doctors emerged as outspoken advocates for the poor, marginalized, and oppressed.

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This chapter examines several illustrative examples of social medicine as both social critique and praxis, focusing on the revolutionary work of prominent early physician-activists from Tunisia, Sudan, and Egypt.

These revolutionary social medical doctors, as we describe them, represent a group of physicians united by their language, cycles of exile and return, and transregional influences. Unlike European theoreticians of social medicine, they engaged with deeper layers of social critique, protest, and anti-colonial struggles. They often went beyond merely expressing "social medicine as social critique," instead embodying – and even performing – both ideas in their daily lives. In doing so, these practitioners exemplified the meaning originally attributed to social medicine by the French doctor Jules Guérin following the 1848 French Revolution. This interpretation was later reimagined by the Levantine physician Shumayyil at the turn of the twentieth century during a period of intellectual renewal that lasted until the First World War. Far from being hagiographical, these biographical accounts offer a portrait of a practical engagement with social medicine, while also serving to connect histories that have remained isolated – and often silenced – by the legacy of colonial archiving. Ultimately, the chapter argues that, in the Arabic-speaking world, social medicine signifies the practice of medicine as politics by other means.

Social Medicine As Subservient to the Colonial Project

Jules Guérin (1801–86), a French surgeon-orthopedist of Belgian origin, might seem an unlikely figure in the genesis of the concept of social medicine or its later iterations. This apparent incongruity prompted Ligia Maria Vieira da Silva to investigate Guérin's motivation.[1] She argues that Guérin was an opportunist. His paper on "*médecine sociale*" (social medicine), published on March 11, 1848, in the influential *Gazette médicale de Paris*, was an outlier, given that his professional focus was almost entirely on orthopedic surgery. Moreover, despite claims to the contrary, Vieira da Silva found no evidence of a "movement" coalescing around this new concept. She also characterizes Guérin as a "last-minute Republican," an opportunist who aligned himself with the revolutionary fervor of 1848, despite having previously supported the Orléanist monarchy.[2] For all of these reasons, Vieira da Silva concludes that Guérin was a careerist, motivated by a desire to secure a position in the new political regime following the revolution.

While useful, this is a somewhat oversimplified critique. To start with, orthopedic surgery was not yet an established specialty. It was in the process of

[1] Ligia Maria Vieira da Silva, "Jules Guérin and Social Medicine in 1848," *Journal of Medical Biography* (May 18, 2022): 1–7, doi.org/10.1177/09677720221100211.
[2] Vieira da Silva, "Jules Guérin," 6.

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being institutionalized and Guérin was, at least in the French context, considered to be one of its pioneers.[3] Hence, like many physicians at the time, including Shibli Shumayyil whom we will mention shortly, Guérin was involved and engaged in various questions and issues that preoccupied his generation; questions that had to do with the relationship between science and medicine, medicine and society, as well as medicine and the state. We will see shortly how this latter concern led him to a specific definition of social medicine. More relevant perhaps for us is the fact that Guérin was an innovator in medical thinking; his medical thesis was after all about "medical observation."[4] And in that regard even if he did not make a career in what would come to be known as social medicine, Guérin was an astute, if sly, "observer" of new ways of thinking about medicine, especially at a time of revolution and social upheaval. Indeed, Guérin is remembered not only for a number of medical aphorisms in French, but also for having revamped an influential medical periodical at the time, the *Gazette de santé*, which he renamed *Gazette médicale de Paris* and started editing from 1930 onward, also publishing in it mainly, but not only, on orthopedic surgery.[5] Accordingly, that his specialty is not relevant to the subject matter is insufficient for delegitimizing him as a key figure in the genealogy of social medicine.

Nevertheless, Vieira da Silva is correct in highlighting the distinct way in which Guérin defined social medicine, a definition quite different from what it came to mean much later in the twentieth century, namely the social determinants of health. However, she does not address the transformation his neologism introduced. Georges Canguilhem observed that, in the eighteenth century, health ceased to be understood primarily as a moral constitution. Instead, reframed through vital statistics, it became linked to the health of the nation, measured by economic performance and military strength.[6] Michel Foucault, building on this interpretation from his teacher, viewed social medicine as a prime example of the politicization of life – a phenomenon he termed "biopolitics." For Foucault, biopolitics represents a liberal state technology aimed at "normalizing life" through its medicalization and governance.[7] But is this what Guérin intended by social medicine?

Emmanuel Renault shows how Foucault in fact missed the nuances of what social medicine meant in the context of the 1848 French Revolution and how

[3] For more see, Grégory Quin, "Jules Guérin : Brève Biographie d'un Acteur de l'institutionnalisation de l'orthopédie (1830–1850)," *Gesnerus* 67, nos. 3–4 (2009): 237–55.

[4] Jules Guérin, "Essai sur l'observation en médecine et particulièrement de l'observation dans l'état actuel de cette science," MD, University of Paris, 1826.

[5] Quin, "Jules Guérin." Grégory Quin, "Jules Guérin : Brève biographie d'un acteur de l'institutionnalisation de l'orthopédie (1830–1850)."

[6] Georges Canguilhem, *Études d'histoire et de philosophie des sciences* (Paris: J. Vrin, 1994), 403.

[7] Emmanuel Renault, "Biopolitique, médecine sociale et critique du libéralisme," *Multitudes* 34, no. 3 (2008): 195–6, doi.org/10.3917/mult.034.0195.

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Foucault's rendering of social medicine is too sweeping, reductionist, and convenient for his overarching thesis.[8] Indeed, Guérin gave two specific and intertwined meanings to social medicine that complicate the hegemonic biopolitical interpretation.[9] The first one is closer to what we would call a "sociology of medicine," with its examination of the social causes of mortality and morbidity. The second meaning is closer to what Charles Rosenberg calls a "political vision" of social medicine.[10] More specifically, Guérin talks about the "humanitarian" dimension of medicine.[11] For him, not only is medicine a form of "priesthood" (*sacerdoce*), but is also a means to achieve social justice.[12] It should ultimately aim at uplifting nations from poverty and improving the social conditions of the working classes through practical "solutions" to social problems.[13]

Moreover, Guérin distinguished "social medicine" (*médecine sociale*) from both "political medicine" (*médecine politique*) and "scientific medicine" (*médecine scientifique*).[14] By social medicine, he meant the various ways in which medicine interacts with society free from any ideology or dogma. He explicitly contrasted this with "socialist medicine" (*médecine socialiste*), which he saw as a specific approach to medicine aligned with socialist principles.[15] In contrast, social medicine, as Guérin envisioned it, was meant to transcend political partisanship and remain detached from any normative or prescriptive frameworks. This perspective aligns with Guérin's positivism, influenced by Auguste Comte and Victor Cousin.[16] For Guérin, medicine's privileged position – its access to the inner depths of society (*les entrailles de la société*) – made it uniquely suited to enable social reform and societal transformation (*regénération sociale*).[17] This is why medicine was inherently at the service of society. Consequently, it behooved medical doctors – in fact, the entire medical establishment – to diagnose and address the pressing social problems of their time. Social medicine, therefore, was a means of attending to the health of a nation in a broad sense by identifying its "social pathologies"

[8] Renault, "Biopolitique, médecine sociale et critique du libéralisme," 195–200.
[9] Renault, "Biopolitique, médecine sociale et critique du libéralisme," 201–2.
[10] Charles E. Rosenberg, "Erwin H. Ackerknecht, Social Medicine, and the History of Medicine," *Bulletin of the History of Medicine* 81, no. 3 (2007): 511.
[11] Jules Guérin, "Médecine sociale: Au corps médical de France," *Gazette médicale de Paris* (March 11, 1848): 184.
[12] Guérin, "Au corps médical de France," 184.
[13] Guérin, "Au corps médical de France," 183 and 184.
[14] Guérin, "Au corps médical de France," 184; Jules Guérin, "Médecine sociale: La médecine sociale et la médecine politique," *Gazette médicale de Paris*, no. 13bis (March 25, 1848): 231.
[15] Jules Guérin, "Médecine sociale: La médecine sociale et la médecine socialiste," *Gazette médicale de Paris*, no. 12 (March 18, 1848): 203.
[16] Quin, "Jules Guérin," 240.
[17] Guérin, "Au corps médical de France," 183; Guérin, "La médecine sociale et la médecine politique," 231.

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(*pathologies sociales*), promoting the principles of "social hygiene" (*hygiènes sociales*), and prescribing "social therapeutics" (*thérapeutiques sociales*).[18]

In contrast to social medicine, which had higher ideals, "political medicine" was an arm of the state apparatus. Curiously, while social medicine did not embrace any particular philosophy or ideology, it "serve[d] them all."[19] This is problematic for two reasons. First, is that it could obviously serve an oppressive or unjust regime. And second, "society" for Guérin meant at the very least French society, not some universal society that included all nations and peoples. Interestingly, Guérin uses Algeria (which was formally annexed as a French colony in 1834) to illustrate the difference between political and social medicine. From the vantage point of political medicine, Guérin argues, the colonization of Algeria should have been abandoned, as vital statistics clearly demonstrated the deadly toll the harsh climate took on acclimating colonial troops. In contrast, social medicine aimed to identify and address the challenges faced by settlers and colonists, ensuring the success of the colonial enterprise.[20] For Guérin, this task of social medicine –making colonialism viable and sustainable, was unproblematic, as he believed it contributed to the "moral and physical improvement of societies writ large."[21] But whose societies was he referring to? As it turns out, he was speaking exclusively of (and to) the societies of the so-called civilized world.

While Renault limits his analysis of Guérin's definition of social medicine to its role in complicating Foucault's concept of biopolitics, much more can be said about Guérin's uncritical stance on empire, his failure to recognize the humanity (and hence rights) of colonized peoples, and the role of colonialism in generating new health inequalities and inequities. Colonialism not only neglected the health of indigenous populations but also exacerbated their preexisting health conditions through exploitation and enslavement.[22] At the same time, this lack of critique is a paradox of this revolutionary moment; it is vertically revolutionary but lacks horizontal reach. For Guérin, colonialism was uncontroversial, indeed taken for granted, after all social medicine was a means to make the colonial conquest possible at any cost even if the empirical evidence pointed to the contrary, which is somewhat contradictory for an alleged positivist. Regardless, it is clear that social medicine was imperialist in its scope, with the "general interest" of the French nation, in Rousseauan terms, positioned as the highest good to be achieved – not a universal morality

[18] Guérin, "La médecine sociale et la médecine socialiste," 203.
[19] Guérin, "La médecine sociale et la médecine socialiste," 203.
[20] Guérin, "Médecine sociale: La médecine sociale et la médecine politique," 231.
[21] Guérin, "Médecine sociale: La médecine sociale et la médecine politique," 231.
[22] Yin Paradies, "Colonisation, Racism and Indigenous Health," *Journal of Population Research* 33, no. 1 (March 1, 2016): 83–96, doi.org/10.1007/s12546-016-9159-y.

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or even a broader humanitarian concern. In this framework, the "human" was the "civilized," while everyone else was excluded.

Curiously, the medical doctors we examine next do not address the colonial justification of social medicine. Instead, they reinterpret its principles to advocate for the emancipation of all peoples from all forms of oppression and injustice.

Social Medicine As Clinical Sociology

Two early references make use of the term "social medicine" in Arabic (*at-ṭibb al-ijtimāʿī*) in radically different ways. The first is by Shibli Shumayyil, a medical doctor, intellectual, and social reformer, and the second by Amin A. Khairallah, a surgeon, educator, and professor of medicine. Both were products of a new medical school established in Beirut in 1867, a year after the founding of the Syrian Protestant College by Protestant American missionaries (later renamed the American University of Beirut in 1920) and where medicine was originally taught in Arabic until 1880.[23]

Shumayyil (1850–1917), who was perhaps among the first medical doctors to have used the concept of social medicine in Arabic, graduated in 1871 and had additional clinical training in Paris and Istanbul.[24] His medical and humanitarian work with earthquake survivors in 1870 (while still a medical student), his efforts among Egyptian *fellahin* (peasants) during a deadly cholera epidemic, and his later work with the urban poor in Cairo, along with his staunch support of female medical doctors, all shaped his social medicine approach through praxis.[25] This stands in stark contrast to Guérin, who, as we saw earlier, championed political participation while remaining somewhat socially conservative.

A popularizer of medical and scientific ideas, Shumayyil pioneered new medical journals, such as *ash-Shifāʾ* (Healing), which started publishing in 1886 (until 1891) and, *al-Mustaḳbal* (The Future), launched in 1914 with the Egyptian journalist and modernizer, Salāma Mūsā, to build a new progressive society based on modern science.[26] This period of intellectual and cultural effervescence characterized what came to be known as the *Nahḍa* movement

[23] For more, see Joelle M. Abi-Rached, *ʿAsfūriyyeh: A History of Madness, Modernity, and War in the Middle East* (Cambridge, MA: MIT Press, 2020), 50–6.

[24] Georges Haroun, *Šiblī Šumayyil: Une pensée évolutionniste Arabe à l'époque d'an-Nahḍa* (Beirut: Librairie Orientale, 1985), 23, 24, and 44; Susan Laila Ziadeh, "A Radical in His Time: The Thought of Shibli Shumayyil and Arab Intellectual Discourse (1882–1917)," PhD, University of Michigan, 1991; Abi-Rached, ʿAsfūriyyeh, 44–8.

[25] Haroun, *Šiblī Šumayyil*, 46, 50, 56, 82, and 84.

[26] P. C. Sadgrove, "Shumayyil, Shiblī," in *Encyclopaedia of Islam, Second Edition* (Brill, 2012), https://referenceworks.brillonline.com/entries/encyclopaedia-of-islam-2/shumayyil-shibli-SIM_6988?s.num=406&s.start=400.

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(usually translated as "renaissance," "reawakening," or "renewal"). Shumayyil was a key member of that movement, promoting secular and "rational" ideas to challenge what he viewed as regressive and superstitious forces that kept the region under Ottoman tyranny, sociopolitical stagnation, and intellectual lethargy. His socialist thinking was influenced by figures such as Ibn Khaldun and Gamal Al-Din Al-Afghani, the latter being both an anti-imperialist and an anti-monarchist.[27]

For Georges Haroun, author of one of Shumayyil's rare biographies, the "grand merit" of this Levantine doctor was his ability to extract from European evolutionary theories a system of social reforms.[28] His innovations included one of the first mentions in the Ottoman world of the question of laborers' rights and status, along with a defense of socialism's viability as a system and its translation into Arabic as "*ijtimaʿiyya*" instead of the commonly used word "*ishtirakiyya*," to denote a more direct sense of "association" as expressed in biological phenomena of subsistence, making social and living bodies objects of the same laws.[29] This is why we also speculate below that Shumayyil is perhaps the first to have coined the term social medicine in Arabic with this biosocial sense of "*ijtimaʿiyya*" implied in the concept. As underlined by Jean Lecerf, even Shumayyil's scientific work was imbued with socialist thinking and social Darwinism.[30] In this sense, Shumayyil was both avant-gardist and a man of his time, convinced that the best way to achieve social justice was through the adoption of evolutionary theory as a principle of social life.[31] But he was also a progressive thinker who proposed a carceral reform under Ottoman rule and pleaded for a justice informed by advances in science and medicine.[32]

When it came to social medicine, his views were equally idiosyncratic but attuned to the spirit of his time. In a short book that compiles his "opinions" (*ārāʾ*) on man, disease, society, and politics with a rather general title, *The Opinions of Doctor Shibli Shumayyil* (*Ārāʾ al-Duktūr Shiblī Shumayyil*),[33] Shumayyil used social medicine in the sense of "medical sociology," not as we understand it today, as a sociological analysis of medicine (through its institutions, actors, practices, assumptions, etc.) but the other way around, as a medical or clinical analysis of society, that is to say, a discipline or approach that purports to analyze society with surgical precision and clinical astuteness, diagnosing its maladies as well as proposing a cure to the ailing social body (*al-jism al-ijtimāʿī*).[34] In that way, and without mentioning either Guérin or Rudolf

[27] Haroun, *Šiblī Šumayyil*, 66. [28] Haroun, *Šiblī Šumayyil*, 10.
[29] Haroun, *Šiblī Šumayyil*, 118, 220–1, 243, and 244.
[30] Jean Lecerf, "Šibli Šumayyil : Métaphysicien et Moraliste Contemporain," *Bulletin d'études orientales* 1 (1931): 157 and 158.
[31] Haroun, *Šiblī Šumayyil*, 236. [32] Haroun, *Šiblī Šumayyil*, 251.
[33] Shiblī Shumayyil, *Ārāʾ al-Duktūr Shiblī Shumayyil* (Cairo: Maṭbaʿat al-Maʿārif, 1912).
[34] Shumayyil, *Ārāʾ al-Duktūr Shiblī Shumayyil*, 23–8 and 26.

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Virchow (1821–1902) who would expand on the original concept of social medicine, Shumayyil shared with them the same premise of social medicine as a physiological science of society. Indeed, for Virchow, "if medicine is the science of the healthy as well as of the ill human being (which is what it ought to be), what other science is better suited to propose laws as the basis of the social structure, in order to make effective those which are inherent in man himself."[35]

Shumayyil's holistic yet physiological or clinical approach to society aligned with the broader project of the Nahḍa, which unapologetically – if at times stridently – critiqued its own society while advocating for a prescriptive, progressive, secular, and one can say positivistic science of state and society. In this context, social medicine became a powerful trope for social critique.[36] And as we will see with the revolutionary social medical practitioners discussed later, social medicine evolved into a trope or signifier for social protest. If for Guérin, social medicine was meant to critique the state's instrumentalist use of medicine, for Shumayyil it served as a critical tool for understanding sociopolitical malaise.

And while Shumayyil can be regarded as the instigator – or even translator – of the concept of social medicine in the Arabic-speaking world, he was also a sympathizer of Lord Cromer, the British colonial ruler of Egypt, revealing himself to be a man of many contradictions.[37]

Social Medicine As Social Science

Like Shumayyil, Amin A. Khairallah (1889–*c*. 1955) was a medical doctor who graduated from the American University of Beirut. Trained as a surgeon, he served on the AUB faculty from 1933 until his death and was a member of the local committee overseeing the Lebanon Hospital for Mental and Nervous Disorders, commonly known as *ʿAṣfūriyyeh* – the only modern psychiatric hospital in the Levant between Cairo and Constantinople.[38] A highly accomplished physician, Khairallah published extensively on medicine, medical history, and medical ethics.[39] Notably, he authored the first article in Arabic that

[35] Genevieve Miller, "*Disease, Life, and Man, Selected Essays* by Rudolf Virchow, Lelland J. Rather," *Isis* 52, no. 3 (1961): 436–6, at: www.jstor.org/stable/228095.

[36] Abi-Rached,ʿAṣfūriyyeh, 24. [37] Haroun, *Šiblī Šumayyil*, 233.

[38] "Medical News," *British Medical Journal* (December 30, 1950): 1503; Mounir (Munir) E. Nassar, *Clinical Medicine Research History at the American University of Beirut, Faculty of Medicine 1920–1974* (Bloomington, IN: WestBow Press, 2014); Abi-Rached, 'Aṣfūriyyeh.

[39] Some of his works include: Amin A. Khairallah, *A Brief Medical Bible: Ethics in Medicine* (Beirut: American University of Beirut, 1953); Amin A. Khairallah, *Outline of Arabic Contributions to Medicine and the Allied Sciences* (Beirut: The American Press, 1946); Amin A. Khairallah, "A Century of American Medicine in Syria," *Annals of Medical History* 1, no. 5 (September 1939): 460–70; Amin A. Khairallah, "Medicine's Debt to Syria," *Annals of Medical History* 3, no. 2 (March 1941): 140–7; Amin A. Khairallah, "Arabic Contributions to Anatomy and Surgery," *Annals of Medical History* 4, no. 5 (September 1942): 409–15.

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tackled social medicine as it came to be understood in the mid-twentieth century as the study of social determinants of health inequalities.

In an article published in 1950 in *al-Abḥath* (a periodical published by AUB since 1948) on the "Importance of Social Medicine and Its Aims" (*Ahamiyyat at-Ṭibb al-Ijtimāʿī wa-Ahdāfah*) Khairallah laid out a roadmap of what social medicine entails.[40] Unlike the Hippocratic tradition, which emphasized the physical environment as a cause of pathology, Khairallah viewed social medicine as the missing link between the individual and society highlighting its role in addressing widespread ignorance about the causes of mortality and morbidity. Interestingly, he contrasted social medicine with "bedside medicine" (*at-ṭibb al-sarīrī*) or "clinical medicine" which focuses more on the individual.[41] Echoing Guérin (though without mentioning him), Khairallah argued that social medicine is concerned with society or the group (*al-jamāʿa*) rather than the individual.[42] Social medicine's emergence, as Khairallah outlines, coincided with several key developments. First, the failure of clinical medicine to address the wider causes of health and disease.[43] Second, changes in medical education accompanied by efforts to make healthcare more affordable and cost-effective.[44] Third, the aging of the population and the consequent shift toward chronic diseases, which demand a broader understanding of pathology with a focus on prevention.[45] Fourth, the recognition of the inextricable link between pathology and human relationships (*ʿalāqāt an-nāss al-ijtimāʿiyya*).[46] Fifth, an improved understanding of the role the mind plays in the pathogenesis of many diseases.[47]

Here Khairallah aligns with Shumayyil's interpretation of social medicine though without citing him, by drawing a parallel between what he terms "individual pathology" (*al-pathūlūgiya al-fardiyya*) and "social pathology" (*al-pathūlūgiya al-ijtimāʿiyya*). He writes: "Just as *individual pathology* relates to the science of clinical medicine, we can also look at *social pathology* as it relates to social medicine. It does not matter that this relationship takes place in the office of a sociologist, health engineer, statistician, epidemiologist, or in other social sciences."[48] Finally, he cites increased urbanization and

[40] Amin A. Khairallah, "*Ahamiyyat at-Ṭibb al-Ijtimāʿī wa-Ahdāfah*" (Importance of Social Medicine and Its Goals), *al-Abhath* (June 3, 1950): 205–15.
[41] Khairallah, "*Ahamiyyat at-Ṭibb al-Ijtimāʿī wa-Ahdāfah*," 205.
[42] Khairallah, "*Ahamiyyat at-Ṭibb al-Ijtimāʿī wa-Ahdafah*," 211–12.
[43] Khairallah, "*Ahamiyyat at-Ṭibb al-Ijtimāʿī wa-Ahdafah*," 208.
[44] Khairallah, "*Ahamiyyat at-Ṭibb al-Ijtimāʿī wa-Ahdafah*," 210.
[45] Khairallah, "*Ahamiyyat at-Ṭibb al-Ijtimāʿī wa-Ahdafah*," 211.
[46] Khairallah, "*Ahamiyyat at-Ṭibb al-Ijtimāʿī wa-Ahdafah*," 212.
[47] Khairallah, "Ahamiyyat at-Ṭibb al-Ijtimāʿī wa-Ahdafah," 213.
[48] Emphasis added. Khairallah, "*Ahamiyyat at-Ṭibb al-Ijtimāʿī wa-Ahdafah*," 212–13.

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industrialization as major drivers of what could be described as a shift toward social medicine.[49]

For Khairallah, health is more than just the absence of disease – an idea that had only been formally articulated two years earlier in the 1948 charter of the newly established World Health Organization. He shows how social medicine is far-reaching, encompassing every aspect of the social, environmental, and economic life that can affect the health of individuals and communities. Rather than a movement, Khairallah presents social medicine as an approach to health and disease that is holistic, preventative, and inherently long-term in its aims, in contrast to the more immediate focus of clinical medicine. He defines social medicine as akin to a comprehensive approach to "public health" (*as-ṣoḥḥa al-ʿāmma*).[50] Interestingly, he expands on Shumayyil's definition of social medicine as merely medical sociology by emphasizing that social medicine requires a broad knowledge of all the social sciences.[51]

He concludes with a pseudo-Marxist appeal for the emancipation of humanity through an understanding of the social and material conditions underlying the pathologies of modernity, pleading for the recourse to social medicine as a means to "liberate the human spirit from ignorance and superstition, and reform our institutions for the benefit and comfort of the human race."[52]

Revolutionary Social Medical Doctors

Given the limited scope of this chapter, we have selected a few doctors whom we think exemplify our characterization of "social medicine as social praxis." This approach corresponds to what Guérin referred to as "humanitarian medicine" but inflected with the reformist ideals envisioned by Shumayyil. Instead of theorizing social medicine from the comforts of their ivory towers, the revolutionary doctors discussed here put social medicine to the test through action and practice. They embodied and enacted what social medicine means or should mean by speaking on behalf of the poor, oppressed women, and the marginalized. Their goal was not only to challenge what they saw as regressive social norms and practices but also to resist the colonial-settler apparatus and its various postcolonial iterations, including the authoritarian and patriarchal regimes they had to confront in their respective countries. Remarkably, some of the early revolutionary doctors were women and feminists.

[49] Khairallah, "*Ahamiyyat at-Ṭibb al-Ijtimāʿī wa-Ahdafah*," 214.
[50] Khairallah, "*Ahamiyyat at-Ṭibb al-Ijtimāʿī wa-Ahdafah*," 207.
[51] Khairallah, "*Ahamiyyat at-Ṭibb al-Ijtimāʿī wa-Ahdafah*," 213.
[52] Khairallah, "*Ahamiyyat at-Ṭibb al-Ijtimāʿī wa-Ahdāfah*," 215.

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Tawhida Ben Cheikh (1909–2010)

Tawhida Ben Cheikh was born in 1909 into a bourgeois and politically active family from Ras Jebel in Tunisia, which was a French protectorate since 1881.[53] Ben Cheikh began her education at the school for girls on Rue Pacha before joining a French lycée where Étienne Burnet, a French doctor and director of the Pasteur Institute in Tunis, as well as his wife, met the young student and recommended her for medical studies in Paris.[54] In 1928, Ben Cheikh became the first female holder of a baccalaureate certificate in Tunisia and, faced with the absence of medical schools there (none were established until after independence in 1956), she traveled to Paris to pursue medical studies.[55] Shaped by both hyperlocal and diasporic experiences from the start, Ben Cheikh's years as a student in Paris were marked by political activism through her involvement in the "115" (the Association of Muslim and North African Students, which was "apolitical" in name but staunchly anti-colonial in practice).[56]

In 1936, Ben Cheikh returned to Tunis as the first female Tunisian doctor (and the only one for several years), knowing that, as a Tunisian woman, she could not practice medicine in a public hospital.[57] This, however, did not stop her from establishing her private practice at 42 Rue Bab Menara, which would later become a stronghold for women's emancipation movements and a hub for gynecological research.[58] By navigating and challenging both legal constraints and patriarchal norms, Ben Cheikh carved out a space that accommodated her medical practice while fostering her political activism. Situating her clinic in the heart of the city disrupted the dichotomy between marginality and centrality vis-à-vis women's health, creating a space where social critique was not only articulated but also embodied through the very presence of a female doctor resonating throughout the Tunisian capital.

[53] "Tunisie : Dix choses à savoir sur Tawhida Ben Cheikh, première femme médecin du Monde Arabe," *Jeune Afrique*, accessed June 24, 2023, at: www.jeuneafrique.com/918320/politique/tunisie-dix-choses-a-savoir-sur-tawhida-ben-cheikh-premiere-femme-medecin-du-monde-arabe.

[54] Dorra Mahfoudh Draoui and Amel Mahfoudh, "Mobilisations des femmes et mouvement féministe en Tunisie," *Nouvelles questions féministes* 33, no. 2 (2014): 15, doi.org/10.3917/nqf.332.0014; Balqīs Yūsuf Badrī and Aili Mari Tripp, *Women's Activism in Africa: Struggles for Rights and Representation* (London: Zed Books Ltd, 2017), 65.

[55] Jane D. Tchaicha and Khédija Arfaoui, *The Tunisian Women's Rights Movement: From Nascent Activism to Influential Power-Broking* (London: Routledge, Taylor and Francis Group, 2017), 43.

[56] Frédéric Brun, Sylvia Marcon, and Benoit Monange, "Itinéraire d'un scientifique engagé, entretien avec Mohamed Larbi Bouguerra, propos recueillis par Frédéric Brun, Sylvia Marcon, Benoit Monange," *Écologie et politique* 54, no. 1 (2017): 149–50; Mahfoudh Draoui and Mahfoudh, "Mobilisations des femmes et mouvement féministe en Tunisie," 15.

[57] Tchaicha and Arfaoui, *The Tunisian Women's Rights Movement*, 43; Badrī and Tripp, *Women's Activism in Africa*, 65.

[58] "Tunisie: Dix choses à savoir."

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Strikingly, many Tunisian men refused to let their female family members get auscultated by men and in the absence of female doctors, women's health conditions often went untreated or even undiagnosed.[59] Ben Cheikh's medical practice, along with her recognition by local feminists and activists, marked a significant disruption in a male-dominated space, generating an unavoidable female presence and signaled the beginning of a more proactive medical feminism and gendered social protest.

Indeed, her revolutionary voice echoed well beyond her clinical work. Besides being a pioneer physician, Ben Cheikh was also the editor-in-chief of the monthly *Leila* (1936–41), the first francophone feminist magazine in Tunisia, which sought to introduce and promote a feminist discourse to North African women. Under Ben Cheikh's direction starting in 1937, the magazine adopted an anti-colonial stance aligned with feminist ideology initiating an intersectionality *avant la lettre*.[60] In this spirit, Ben Cheikh publicly condemned and testified about the crimes of torture and murder committed by French Army General Pierre Garbay in 1952 against Tunisian women and activists.[61] Like many of the medical practitioners featured in this chapter, she served on the executive committees of several medico-social organizations, including the Red Crescent and the Muslim Union of Tunisian Women.[62] Another remarkable aspect of Ben Cheikh's practical social medicine ethos was her commitment to protecting and economically empowering unmarried pregnant women who sought care at the Aziza Othmana Hospital, where she had directed the Gynecology Department since 1964.[63]

In line with her practice, Ben Cheikh's most significant legacy was the establishment of the first birth-control clinic in Tunisia at the Charles Nicolle Hospital in 1963.[64] This initiative paved the way for the opening of the Montfleury clinic in 1970, the first facility of the Tunisian Association for Family Planning.[65] Throughout her career, Ben Cheikh led significant political efforts against anti-abortion laws and in 1968, she co-founded the Tunisian

[59] Fatima Sadiqi (ed.), *Women Writing Africa: The Northern Region* (New York, NY: The Feminist Press at The City University of New York, 2009), 63.
[60] Tchaicha and Arfaoui, *The Tunisian Women's Rights Movement*, 27; Hafedh Boujmil, *Leïla: Revue illustrée de la femme, 1936–1941* (Tunis: Éditions Nirvana, 2007), 47.
[61] Fatima Sadiqi, *Women's Movements in Post-"Arab Spring" North Africa* (New York, NY: Palgrave Macmillan, 2016), 203.
[62] Sadiqi, *Women's Movements in Post-"Arab Spring" North Africa*, 203; "Tunisie: Dix choses à savoir"; Khédija Arfaoui, "Bchira Ben Mrad: A Pioneer Feminist (1913–1993)," *International Journal of Research* 8, no. 8 (2020): 311, doi.org/10.29121/granthaalayah.v8.i8.2020.1058.
[63] Sadiqi, *Women's Movements in Post-"Arab Spring" North Africa*, 201.
[64] Sadiqi, *Women's Movements in Post-"Arab Spring" North Africa*, 201.
[65] Tchaicha and Arfaoui, *The Tunisian Women's Rights Movement*, 43; Sadiqi, *Women's Movements in Post-"Arab Spring" North Africa*, 201.

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Figure 2.1 Tawhida Ben Cheikh featured on Tunisia's new 10 dinar banknote, 2020. Photo by the authors, courtesy of the Central Bank of Tunisia.

Family Planning Association, which played a pivotal role in securing Tunisian women's right to abortion in 1965 (Figure 2.1).[66]

Her achievements reverberated across the region in both Arabophone and Francophone milieux with a feminist medicine embedded in a *silsila* (a lineage) of women who wrote and acted for a more equitable Arab world. From Nazik Abid in Syria and Lebanon to Houda Chaarawi who inspired a nationalist movement in Egypt, Arabic-writing and speaking feminists transcended borders, transforming local struggles into cross-regional movements.[67] The cyclical movements of travel and return further defined Ben Cheikh's commitment to social medicine. Her engagement in such circles undoubtedly sharpened her critique of both gender inequality and colonial oppression.

A major conference in 1937 celebrating Ben Cheikh's work and achievements on behalf of Tunisian women resonated throughout the country, inspiring the emergence of feminist associations across Tunisia.[68] Her efforts positioned women's health as a central issue and challenged perceptions of women's status as peripheral. In 1957, Tunisia became the first Arab country to grant women the right to vote, a milestone achieved in part thanks to the

[66] Warren C. Robinson and John A. Ross, *The Global Family Planning Revolution: Three Decades of Population Policies and Programs* (Washington, DC: World Bank, 2007), 64; Mahfoudh Draoui and Mahfoudh, "Mobilisations des femmes et mouvement féministe en Tunisie," 17; J. Ben Brahem, "Le gouvernement tunisien s'efforce de développer le planning familial et les pratiques du contrôle des naissances," *Le Monde*, November 3, 1965.

[67] Mahfoudh Draoui and Mahfoudh, "Mobilisations des femmes et mouvement féministe en Tunisie," 16.

[68] Arfaoui, "Bchira Ben Mrad," 313.

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efforts and courage of women like Ben Cheikh, who leveraged the influence of her medical practice to drive progressive change.

Abdel Halim Mohamed Halim (1910–2009)

After the Mahdist War ended in 1899 and condominium rule by Egypt and Great Britain (effectively controlled by Britain) was established over Sudan, the British authorities sought Western-educated medical practitioners fluent in both Arabic and English. Unlike Egyptian doctors, whose strong nationalist sentiments posed a potential threat to British rule, "Syrians" emerged as a better option.[69] Under British supervision and control, Syrian and Sudanese medical professionals worked closely together, with British doctors often relying on the experience and knowledge of Syrian physicians such as Yusef Derwish and Nesib Baz, Sudan's references on sleeping sickness.[70]

The question of training Sudanese physicians arose later, with the establishment of the Kitchener School of Medicine in Khartoum in 1924. Named in memory of Lord Kitchener, the Governor-General of Sudan from 1898 to 1900, the school was partly intended to prevent the politicization of Sudanese students studying abroad.[71] Ironically, the British authorities did not anticipate that their own school of medicine would produce fierce critics of their colonial rule, including physician-activists like Abdel Halim Mohamed Halim, one of Kitchener's first medical graduates.[72]

Halim was born in 1910 in Omdurman, British-controlled Sudan, into a family of scholars, religious leaders, and figures of Mahdist authority.[73] After attending a religious school, he joined Gordon Memorial College (founded in 1902) in 1924 and the Kitchener School of Medicine in 1929, from which he graduated in 1933.[74] Nicknamed "the wise sheikh" by scholar Mansour Khalid, "father of medicine" by the cohorts of Sudanese medical professionals he trained, Halim went down in history for his many "firsts," as highlighted by his friend and student Omar Fadl: first Sudanese member and fellow of the Royal College of Physicians, first chairman of the Sudanese Medical Association, and

[69] Heather Bell, *Frontiers of Medicine in the Anglo-Egyptian Sudan, 1899–1940* (Oxford: Clarendon Press, 2004), 43 and 44.

[70] Alexander Cruickshank, *Itchy Feet – A Doctor's Tale* (Ilfracombe: Stockwell, 1991), 39; Bell, *Frontiers of Medicine*, 41 and 42. "Syrian" is used generically to refer to the lands of what are today modern Lebanon and Syria.

[71] Report, Kitchener School of Medicine 1924–1925, 10 in Bell, *Frontiers of Medicine*, 32, 43–4, and 52.

[72] Bell, *Frontiers of Medicine*, 52.

[73] Farouk Fadl, "Abdel Halim Mohammed Abdel Halim," *British Medical Journal* 338 (June 13, 2009): 1446, doi.org/10.1136/bmj.b2311.

[74] Fadl, "Abdel Halim Mohammed Abdel Halim," 1446; Tarik AKA Elhadd, "Abdel Halim Mohamed Halim," Royal College of Physicians Museum, 2009, at: https://history.rcplondon.ac.uk/inspiring-physicians/abdel-halim-mohamed-halim.

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first Sudanese senior physician in the British colonial Sudan medical service.[75] Moreover, the man who would become Mayor of Khartoum, Director of the Khartoum teaching hospital, Chancellor of Khartoum University, and president of several sports committees, also spearheaded the creation of crucial medical services in Sudan, irremediably changing the country's medical landscape and relation to medicine.[76]

As for his politics, Halim is described not as a politician per se but rather as a doctor with a political pen.[77] His political activity started in the mid 1920s, upon his entry into Gordon College and the creation of "Al-Fajr" (Dawn), a literary club of "mutual learning" before morphing into a hub for nationalist and literary enlightenment.[78]

Nourished by the spirit of the brief yet instrumental Sudanese Revolution of 1924 and inspired by the writings of Egyptian scholars such as Muhammad Abduh and Taha Hussein, the members of Al-Fajr launched an eponymous magazine in 1934, describing it as "the literary embodiment of the Sudanese younger generation."[79] Halim's magnum opus, *Mawt el-Duniyā* (Death of the World) co-authored with a fellow member of Al-Fajr, Mohamed Ahmad Mahjub, narrated the emergence of the movement and magazine, incorporating autobiographical elements, poetic tournures, and nationalistic ethos, granting its political message a lasting resonance.[80] In both writing and practice, the "wise sheikh" articulated a clear vision for Sudanese medical care and anti-colonial resistance, extensively critiquing the 1936 Anglo-Egyptian Agreement Treaty in the pages of *Al-Fajr* and *Mawt el-Duniyā*, condemning the Treaty for obstructing the Sudanese people's political will and their right for self-determination.[81] To support his political ambitions, Halim built a structure of care imbued with the tenets of social medicine. He cofounded the Graduate Students Conference in 1938, which called for both wider access to education and a more politically active student body, ultimately setting in

[75] Elhadd, "Abdel Halim Mohamed Halim"; Omer Fadl, "Obituary: Abdel Halim," *The Guardian*, July 23, 2009, at: www.theguardian.com/theguardian/2009/jul/23/abdel-halim-obituary; Elizabeth Douglas, "Remembering Abdel Halim Mohamed Halim," Royal College of Physicians Museum, September 24, 2021, at: https://history.rcplondon.ac.uk/blog/remembering-abdel-halim-mohamed-halim; Fadl, "Obituary: Abdel Halim."

[76] Elhadd, "Abdel Halim Mohamed Halim."

[77] Fadwa Abdel Rahman Ali Taha, "Dawr 'Abdel-Halīm Muhamad as-Siyāsī" (The Political Role of Mohamed Abdel El Halim)," at: Hashmab.net, accessed June 26, 2023, at: www.hashmab.net/page1211.html.

[78] Yousif Omer Babiker, "The Al-Fajr Movement and Its Place in Modern Sudanese Literature," PhD, University of Edinburgh, 1979, 64.

[79] Babiker, "The Al-Fajr Movement," 54; Heather J. Sharkey, "Reappraising *The History of Arabic Culture in the Sudan* by the Egyptian Scholar 'Abd al-Majid 'Abidin," *Cahiers d'études africaines* 60, no. 240 (4) (2020): 812, at: www.jstor.org/stable/27126499.

[80] Sharkey, "Reappraising *The History of Arabic Culture in the Sudan*," 814.

[81] Ali Taha, "Dawr 'Abdel-Halīm Muhamad as-Siyāsī"; Babiker, "The Al-Fajr Movement," 125.

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motion the movement for Sudan's independence (in 1956) and the creation of political parties that persisted after independence.[82] While steering away from partisan politics in favor of his medical practice, Halim took a leading role in drafting the political memorandum that sought autonomy from British rule in 1942.[83]

This, however, did not mean that Halim stopped being politically active after independence. By intertwining medicine and politics in both writing and praxis, he, along with other Sudanese doctors, played a central role in the resistance movement against the dictatorship of General Ibrahim Abboud (who ruled from 1958 to 1964). This was achieved both because of and in spite of his position as a senior civil servant.[84] In fact, Farouk Fadl's obituary of Halim noted that "doctors were always at the forefront of movements that resisted dictatorship and injustice in Sudan," likely referencing Halim's participation in the interim five-member ruling council formed after Abboud's fall in 1964. This council included other notable physicians, such as psychiatrist El-Tigani El-Mahi and obstetrician El-Mabarak El-Fadil Shaddad.[85]

The interlacing of medical and revolutionary praxis in Sudan, exemplified by Halim's career, provided a foundation for anticolonial critique not only among Sudanese medical practitioners but also among many others living under British rule. Among them was physician Selim Bey Yusuf Atiyah, the father of writer Edward Atiyah, who moved to Sudan in 1898. Another notable figure was the francophone Syrian doctor Malhamé who turned his clinic in Khartoum into a hub of anti-imperialist critique in response to the racism of his British superiors.[86] Similarly, the Lebanese Nicola Maalouf who came to Sudan as a medical officer to the Anglo-Egyptian Army became the confidant of both the Mirghani and the Mahdi clans while marking the Sudanese topography through the inauguration of a "Maalouf tramway station" near his clinic in Khartoum.[87] In this regard, Edward Atiyah's autobiography offers fascinating glimpses into Sudanese medical life, featuring a certain "Dr. Selim" – a proud Darwinist and likely reader of Shumayyil – who left the Syrian Protestant College to join the military hospital in Omdurman around 1899.[88] All of these

[82] Ali Taha, "Dawr 'Abdel-Halīm Muhamad as-Siyāsī"; Elhadd, "Abdel Halim Mohamed Halim"; Fadl, "Obituary: Abdel Halim."

[83] Elhadd, "Abdel Halim Mohamed Halim"; Fadl, "Abdel Halim Mohammed Abdel Halim," 1446.

[84] Elhadd, "Abdel Halim Mohamed Halim."

[85] Fadl, "Abdel Halim Mohammed Abdel Halim," 1446.

[86] Edward Atiyah, *An Arab Tells His Story* (London: John Murray, 1946), 149–50; Bell, *Frontiers of Medicine in the Anglo-Egyptian Sudan*, 46–47.

[87] Norma Malouf Kefouri, "A Piece of the History of Sudan – A Tale of Two Families: Norma Malouf Kefouri at TEDx Sobawomen," TEDx Talks, December 20, 2013, at: www.youtube.com/watch?v=E6jPjE9UISw&t=86s.

[88] Atiyah, *An Arab Tells His Story*, 44 and 66.

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medical lives had no choice but to cross paths with politics and to acknowledge the imperfection of their politicized science.

Nawal El-Saadawi (1931–2021)

Around the time when Ben Cheikh's return from Paris was being celebrated, Nawal El-Saadawi was born in 1931 into a poor family in Kafr Tahla, Egypt.[89] Describing herself as "a novelist first, a novelist second, a novelist third," El-Saadawi channeled her medically informed activism through the powerful and accessible medium of the novel, using storytelling as a vehicle of social medicine, as social critique or, in her case, social critique as social medicine.[90] A survivor of female genital mutilation (FGM), El-Saadawi's fight for gender equality began early in her life and later extended into the medical field, fulfilling her father's wish for her to pursue a medical career.[91]

Graduating in 1955 from the University of Cairo, El-Saadawi's education confronted her with her own condition as a woman and as a survivor of FGM, irrevocably shaping her voice as a defender of women's health and political integrity, unsilencing what had long been shrouded in guilt and taboo.[92]

Medicine carved El-Saadawi's mind and literary work, helping her become a writer of the truth with "facts and fiction [being] inseparable, like body and mind."[93] Surgery was a life-transforming experience. It broke the fear of the unknown and unleashed an inner independence, allowing her "to talk about all the parts of the body like poets talk of the beating of the heart."[94] Empowered by her education but mocked by her colleagues for "having achieved none of the five goals of the profession: a clinic, a car, a house, a farm, and a bride (or bridegroom)," El-Saadawi had to create a social medicine that would irremediably tie her pen to the scalpel.[95]

The Egyptian psychiatrist's medical practice, particularly among the rural poor, deeply influenced her writing and inspired her internationally acclaimed 1973 novel *Woman at Point Zero*. By blending fiction with reality, and

[89] First published as "Feminism in Egypt: A Conversation with Nawal El Saadawi," an interview with Sarah Graham-Brown, *MERIP Report* 95, March–April 1981, in Nawal El Saadawi, *The Essential Nawal El Saadawi: A Reader*, ed. Adele S. Newson Horst, Zed Essential Feminists (London and New York, NY: Zed; Palgrave Macmillan, 2010), 316.

[90] Homa Khaleeli, "Nawal El Saadawi: Egypt's Radical Feminist," *The Guardian*, April 15, 2010, at: www.theguardian.com/lifeandstyle/2010/apr/15/nawal-el-saadawi-egyptian-feminist.

[91] Khaleeli, "Nawal El Saadawi"; Amira Nowaira, "Foreword" to "Writing and Freedom," in Sadiqi (ed.), *Women Writing Africa*, 285–93; El Saadawi, *The Essential Nawal El Saadawi*, ix.

[92] Nowaira, "Foreword" to "Writing and Freedom," 285.

[93] El Saadawi, *The Essential Nawal El Saadawi*, 9.

[94] El Saadawi, *Death of an Ex-Minister*, trans. Shirley Eber in El Saadawi, *The Essential Nawal El Saadawi*, 221.

[95] El Saadawi, "Writing and Freedom," trans. Amira Nowaira in Sadiqi (ed.), *Women Writing Africa*, 292.

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intertwining medicine with politics, El-Saadawi crafted a feminist icon in the novel based on the life of an inmate she had encountered at Al-Qanatir Prison during her research on neurosis in Egyptian women.[96] Through her work, El-Saadawi brought medical literature and narrative medicine to the forefront of her fight for gender equality.

Her sociomedical battles were fierce, costing her the position of editor-in-chief at the Egyptian magazine *Health* in 1972, as well as her roles as Director General of Public Health at the Ministry of Health and Assistant General Secretary of the Medical Association in Egypt.[97] "This was one more consequence of the path," she had chosen "as a feminist author and novelist whose ideas were viewed unfavorably by the authorities."[98] In September 1981, she was arrested by the Egyptian police along with other "Marxists, Nasserites, Islamic scholars, Coptic priests, and feminists."[99] El-Saadawi's three months in prison inspired her *Memoirs from the Women's Prison*, written in her cell on a roll of toilet paper using an eyebrow pencil.[100] Retaliations against El-Saadawi initiated a long cycle of exile and return, mirrored both in her novels and in her life, highlighting the risks of social critique when expressed by a "woman of dark skin."[101] Forced to leave Egypt under Hosni Mubarak's regime, she moved to the United States but returned to Cairo in 1996. In 2004, she made headlines by presenting her candidacy for the Egyptian presidency.[102]

As a prophetess of individuality who defied the conventions of patriarchal lineage, El-Saadawi rejected patronymics, whether from husbands or philosophers, asserting that she did not "carry the names of other people."[103] And while El-Saadawi can undoubtedly be regarded as a revolutionary, she herself offered a critical perspective on the role: "Women should be politically powerful inside a revolution. Otherwise, they may be used by the revolution as tools, as cheap labor, cheap fighters – to die first and be liberated last."[104] Far from

[96] El Saadawi, "Preface," in *Woman at Point Zero*, trans. Sherif Hetata (London: Zed Books, 2015), ix.

[97] El Saadawi, *The Essential Nawal El Saadawi*, x; Nowaira, "Foreword" to "Writing and Freedom," 285.

[98] El Saadawi, "Preface," in *Woman at Point Zero*, ix.

[99] El Saadawi, "Preface," in *Woman at Point Zero*, xi; Nowaira, "Foreword" to "Writing and Freedom," in Sadiqi (ed.), *Women Writing Africa*, 286.

[100] Khaleeli, "Nawal El Saadawi."

[101] Khaleeli, "Nawal El Saadawi"; El-Saadawi, "Writing and Freedom," 289.

[102] Ramzi Saiti, "Paradise, Heaven, and Other Oppressive Spaces: A Critical Examination of the Life and Works of Nawal El-Saadawi," *Journal of Arabic Literature* 25, no. 2 (1994): 158, 159, doi.org/10.1163/157006494x00059; Miriam Cooke, "Foreword," in *Woman at Point Zero*, viii.

[103] An interview with the Belgian philosopher Lieven De Cauter, initiator of the Brussels Tribunal on the war in Iraq, at which El Saadawi was a witness. Brussels, February 16, 2007, in El Saadawi, *The Essential Nawal El Saadawi*, 324, 325.

[104] El Saadawi, *The Essential Nawal El Saadawi*, 320.

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being merely symbolic, El-Saadawi's social medicine fueled decades of social revolution and critical inquiry.

Concluding Thoughts

This chapter has shown how social medicine functioned both as a clinical analysis of society, aimed at reforming it, and as a tool for protesting the deteriorated health and wealth of colonized, subjugated, and oppressed peoples. We traced the genealogy of social medicine in Arabic and provided several examples of its early practice as social protest and praxis in the twentieth century. Initially directed against various imperial and colonial endeavors in the Arab world, this approach to social medicine later evolved to challenge and resist patriarchal and autocratic regimes.

Since then, the engagement of these "revolutionary social medical doctors," as we have described them, has morphed into numerous movements, associations, and organizations dedicated to advancing social medicine as a form of politics by other means. In a region where homosexuality remains criminalized, sexual health clinics have emerged in the Arab world as acts and sites of resistance, protest, social critique, and advocacy. These clinics operate amid persistent state persecution, stigmatization, and homophobia.[105] Another notable example is the Sudanese Professionals Association, which includes medical doctors and initially campaigned for improved socioeconomic conditions under Omar al-Bashir. The association played a pivotal role in the 2019 protest movement that ousted the longtime autocrat.[106] A month later in Algeria, young doctors joined the Hirak movement as a way to resist an entrenched and corrupt ruling political class.[107] That same year, during the protests in Lebanon, a group of doctors and nurses calling themselves "The White Coats" (*al-Qumṣān al-Baiḍā'*) publicly condemned the serious human rights violations against unarmed protestors who were being shot at indiscriminately (many lost their eyes and incurred serious injuries to the head and heart) in a country already plagued by limited social protections.[108]

[105] Leona Zahlan, Nicole Khauli, and Brigitte Khoury, "Sexual Health Services in the Arab Region: Availability, Access, and Utilisation," *Global Public Health* 15, no. 4 (April 2020): 485–96, doi.org/10.1080/17441692.2019.1682029.

[106] Reem Abbas, "How an Illegal Sudanese Union Became the Biggest Threat to Omar Al Bashir's 29-Year Reign," *The National*, January 28, 2019, at: www.thenationalnews.com/world/africa/how-an-illegal-sudanese-union-became-the-biggest-threat-to-omar-al-bashir-s-29-year-reign-1.819159.

[107] Mohamed Mebtoul, *Libertés dignité algérianité: Avant et pendant le « Hirak* (Paris: L'Harmattan, 2019).

[108] Press conference of the "White Coats" doctors on the violations against the demonstrators, Alghad TV, August 14, 2020, at: www.youtube.com/watch?v=v7unXOtgRT4.

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A recurring theme in this brief genealogical exercise is the invisibility of the Arab world in the historiographical scholarship on social medicine and the apparent disregard for the health and well-being of over 456 million inhabitants. This neglect persists despite Richard Horton, the editor-in-chief of the influential medical journal *The Lancet*, initiating a bold reflection on "Health in the Arab World,"[109] spurred by the 2011 Arab uprisings. As we saw in Guérin's original articulation and framing of social medicine, indigenous Algerians were excluded from an approach ostensibly designed to aid in the acclimatization of French colonists. At the same time, medical activism has historically served as a powerful tool for political resistance, enabling empowerment and creating spaces of social critique. From the Algerian National Liberation Movement to the Black Panthers and the HIV/AIDS pandemic,[110] and today amid the systematic destruction of Gaza's healthcare infrastructure,[111] health is widely recognized as a basic human right worth fighting and dying for. It also serves as a form of resistance against occupation, injustice, discrimination, racism, and oppression. However, the systematic targeting of healthcare workers and facilities by contemporary regimes in the region (be it in war-torn Syria or in the occupied Palestinian territories) is also becoming increasingly normalized. This trend underscores how medical professionals continue to be a sociopolitical force to reckon with, even in the face of violence and repression.

[109] Huda Zurayk et al., "The Making of the *Lancet* Series on Health in the Arab World," *The Lancet* (British Edition) 383, no. 9915 (2014): 393–5, doi.org/10.1016/S0140-6736(13)62370-3.

[110] Adam Schatz, *The Rebel's Clinic: The Revolutionary Lives of Frantz Fanon* (New York, NY: Farrar, Straus and Giroux, 2024), 365.

[111] Joelle M. Abi-Rached, "The War on Hospitals," *Boston Review*, December 20, 2023, at: www.bostonreview.net/articles/the-war-on-hospitals/.

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