



The Infantilization of the Colonized: Medical and Psychiatric Descriptions of Drinking Habits in the Colonial Maghreb

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French doctors and psychiatrists traveling through or working in the colonial Maghreb during the nineteenth and twentieth centuries commonly reported in their publications that the colonized they encountered reminded them of children.¹ They also described practically every aspect of the behavior of the colonized as childlike in some respect. While this equation of the colonized with children was by no means restricted to the medico-psychiatric source material and can be found in a variety of different colonial publications,² this chapter will focus on publications by doctors and psychiatrists, as their status as widely accepted experts and as alleged pillars of science and modernity made their statements, in the eyes of their French readership, more authoritative than those of other authors. Though this is usually not stated explicitly, the children imagined in these comparisons were presumably European, which accords with a long tradition of European medical and psychiatric experts comparing the colonized to an imaginary European normality. Yet comparisons of the colonized with children in the publications of French doctors and psychiatrists were more than just colorful and anecdotal descriptions of life in the colonies; they were part of an implicit, ongoing process of diagnosing the behavior of the colonized as intrinsically different from French behavior. These comparisons implicitly suggested that colonized adults and European children were roughly on the same developmental level,³ and concluded that both groups had a similar relationship to French adults: that is, receiving education from them, following their lead, and letting them make important decisions

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135

on their behalf. The framing of the colonized as children highlights the colonial understanding of there being a clear power imbalance in the colonies—with France as the undisputed paterfamilias, so to speak, and with the colonized unable to reach French levels of reason and modernity on their own.

The conceptualization of the colonized as children was connected to the European notion that the colonies represented, as Joseph Massad put it in his 2007 book *Desiring Arabs*, “an earlier stage of Europe, the childhood of Europe itself, which European colonialism would shepherd to adult maturity” (Massad 2007, p. 55).⁴ French colonial doctors and psychiatrists often explained this childlike-ness of the North Africans using contemporary theories about a clear hierarchy of races, implying that the colonized were on a lower evolutionary level than the French colonizer, or, applying Massad’s vocabulary, that the region as a whole was roughly at the stage of France’s childhood.⁵ While the colonies as a whole were described as childlike, many of these comparisons of the colonized with children were gendered and applied with varying degrees to men and women. Even though there are a variety of casual descriptions of Muslim men as children in French publications, such descriptions, both implicit and explicit, were a nearly constant feature when it came to Muslim women. French colonial authors described Muslim women as childlike and compared their intellectual capacities, reasoning, and behavior to those of children (Lemanski 1900, p. 94; Ibid. 1913, p. 19, 166; Igert 1955, p. 651).⁶ This gender bias in the infantilization of the colonized should also be seen in the context of hysterical women often being described as “child-women” in Europe and America in the nineteenth century, and in view of the widespread nineteenth-century theory of women in general being closer to children than to adult men (Smith-Rosenberg 1972, p. 677; Pick 1989, p. 105). Hence, these comparisons of colonized women with children corresponded to the broader paternalistic views of the colonial doctors and psychiatrists studied for this chapter.

While such descriptions might appear, at first glance, to be run-of-the-mill indications of colonial paternalism, this tradition of comparing the colonized to children had more harmful consequences. Some twentieth-century colonial psychiatrists openly diagnosed the colonized in the Maghreb with *puérilisme mental* (mental infantilism). The psychiatrist Sextius Arène, for example, stated in his 1913 dissertation on criminality in Tunisia: “The Arab has a (psychological) foundation of mental infantilism,” before further explaining that this “mental infantilism” manifested as, among other things, a “taste for fibbing” and a joy in storytelling. He concluded: “In short, he is a great child, lazy and improvident” (Arène 1913, p. 137). This notion, that the childlike nature of the colonized was so intense that it made sense to claim all colonized people were affected by

“mental infantilism” (or sometimes just “infantilism”), became widely accepted in 1918, when the famous psychiatrist Antoine Porot, the founder of the influential school of psychiatry known as the *École d’Alger*, adopted “mental infantilism” as a useful diagnosis for the colonized in what would become the founding text of French colonial psychiatry in the Maghreb, *Notes on Muslim Psychiatry* (Porot 1918, p. 383).

While “mental infantilism” was an accepted psychiatric diagnosis in the nineteenth and early twentieth centuries, describing a European adult with pathologically childlike behavior in speech, gestures, and mindset,⁷ colonial psychiatrists like Arène and Porot did not apply it in this sense to the colonized populations.⁸ In the context of the colonies, “mental infantilism” was not an individual diagnosis applied to a specific person suffering from a mental problem, but instead a generalized description of the behavior of all the colonized. Using the term “mental infantilism” to define the colonized was a form of pathologization of normal, everyday behavior and a cornerstone of colonial psychiatry in the Maghreb (Studer 2015, p. 31 ff.).

Thus, under the auspices of Antoine Porot, French colonial psychiatry had come to apply a very specific clinical diagnosis (“mental infantilism”) to the healthy masses of colonized people. This chapter analyzes the process that led to this outcome and investigates earlier, colonial, medico-psychiatric comments about all North Africans being childlike, a pejorative attitude which clearly influenced the psychiatrists of the *École d’Alger* and was the principle underlying mechanism that led to their generalized diagnosis. Arène and Porot’s sweeping diagnosis can only be understood against the backdrop of generation after generation of French doctors and psychiatrists in the Maghreb discussing and reinforcing the trope of the childlike behavior of the colonized.

This chapter contextualizes both the specific diagnosis, by proponents of the *École d’Alger*, of North Africans suffering from “mental infantilism,” and the more general descriptions of the colonized as perpetually and habitually childlike, by looking at one context in which the medical and psychiatric source material regularly described the colonized as children: the consumption of alcohol. This context is particularly interesting because French sources assumed that the introduction of alcohol into the region and the conversion of formerly abstinent Muslims into alcohol consumers and alcohol abusers amounted to a profound transformation of the region initiated by the French—not a direct goal of the French “modernization project” in the colonies, but rather a necessary side effect, as French modernity was unimaginable without alcohol. This chapter seeks to demonstrate why descriptions of alcohol consumption, a French everyday habit adopted by some of the colonized, provides a case study of three different layers

of infantilization: the first apparent in descriptions of the habit itself, the second related to theories about the physical reactions of the bodies of the colonized, and the third present in regulations proposed by the French. This chapter will examine these three layers in the French colonial sources and present specific examples for each. It will also examine how French officials reacted to the alcohol consumption of the colonized and analyze the deep colonial power imbalance behind the equation of alcohol-drinking Muslims with children, which culminated in the psychiatrists around Antoine Porot diagnosing a whole region with “mental infantilism” in the first half of twentieth century.

Levels of Infantilization

French colonial doctors and psychiatrists described the alcohol consumption of a very specific group—colonized adult Muslim men—as childlike in their publications.⁹ These descriptions only concerned actual adults, as colonial doctors and psychiatrists almost never commented on the drinking habits of colonized children or adolescents. Even though references to childlike behavior and attitudes can also be found in some medical and psychiatric descriptions of North African Jews,¹⁰ childishness was never associated with their drinking habits. While colonized women were more commonly compared to children than men, alcohol-drinking Muslim women were rarely reported on in the colonial sources. In those exceptional cases when their alcohol consumption was described, their behavior was not compared to that of children.

The infantilization of these colonized adult Muslim men in the colonial source material operated on three general levels: 1) French colonial doctors and psychiatrists argued that the colonized drank alcohol “incorrectly”: in ways that were deeply and problematically childlike and for childish reasons. This “incorrect consumption” had various alleged manifestations. French authors claimed, for example, that the colonized only enjoyed sugary alcoholic drinks such as absinthe (Coudray 1914, p. 47) and described the spread of alcohol among the colonized Muslims as not being motivated by adult reasoning. Additionally, French doctors and psychiatrists often did not concede that the colonized turned to alcohol for reasons of taste or company. Rather, they viewed it as a case of the colonized childishly mimicking the behavior of the colonizers, but without possessing the necessary maturity to copy French habits productively. 2) The second layer of infantilization concerned the reaction of the bodies of the colonized to alcohol,

which was in many ways likened to that of people who had not reached full adulthood. The French colonial doctors and psychiatrists analyzed for this chapter saw these alcohol drinkers among the colonized as being in a metaphorical state of childhood, as it was believed that Muslims had not consumed any alcohol before the French military conquest of the region. In the French worldview, the colonized had only just been “won over” by alcohol and French observers assumed that, like French children of the time, they were at the very beginning of a life with alcohol. Due to this “newness,” or lack of habituation, the bodies of the colonized were believed to react differently to alcohol than French bodies. 3) The final level of infantilization did not concern the alcohol consumption of the colonized itself, but the French reaction to it. A variety of colonial doctors and psychiatrists argued that, like children, the colonized had to be taught how to drink in a civilized and responsible way by the French.

These different levels of infantilization were, of course, interconnected in colonial publications and allusions to several levels can often be found in one single report. For example, one doctor, Édouard-Adolphe Duchesne, exclaimed in 1853 how, in the first twenty years of French rule, the Algerian colonized had only adopted France’s bad habits. According to him, the consumption of alcohol was foremost among them. He bemoaned that, when it came to the colonized sex workers whom he studied in his monograph, it was alcohol that guaranteed their ultimate corruption. In his eyes, these women had been introduced into the “refinements of debauchery” by European sex workers, but “Wine, rum and absinthe did the rest.” He then went on to describe the habits of all the colonized, claiming: “Similar to our young children, who remember with such excellent memories the bad words that they hear, and who practice with such ease the bad examples that are given to them, it seems that the Muslim population [of Algeria] readily took from our civilization only that which is vicious and troubling” (Duchesne 1853, p. 83 f.). Duchesne clearly believed that the colonized consumed alcohol incorrectly (as he described the sex workers turning to spirits, such as rum and absinthe, rather than “hygienic” drinks, such as wine and beer) and that by starting to drink alcohol, they had copied the worst behavior of the French. He believed this had only begun after the colonization of the region by France. In the colonial worldview, this meant that, like French children, colonial subjects were still relatively unused to the substance. While Duchesne did not allude to the French teaching the colonized how to drink correctly, his framing of the situation clearly suggests that he believed France to have been neglectful in its duties as teacher and guardian by “allowing” the colonized to begin drinking alcohol.

Drinking Incorrectly

Like Duchesne, many French authors were of the opinion that Muslims in the Maghreb favored strong spirits over wine. One doctor P. Remlinger, for example, wrote a 1912 article about the spread of alcoholism in Morocco, in which he claimed that “Arabs display a preference for absinthe, cognac, whisky and gin.” According to him, this penchant for strong liquors was due to Europeans drinking “in general for the pleasure of drinking, despite the intoxication which may result from it,” while “the Arab never or almost never drinks by taste. It is drunkenness that he looks for. The more easily it is obtained, the more satisfied he is. [...] The ideal, evidently, would be for him to be drunk without drinking” (Remlinger 1912, p. 750). However, it was not just this preference towards particularly strong drinks that was seen to be problematic and deeply immature: in the eyes of the French observers, colonized Muslims also drank too much altogether. The French doctors and psychiatrists described the colonized as lacking rationality and moderation in all aspects of their lives, which led to the claim that the colonized were incapable of a normal, reasonable level of alcohol consumption as allegedly practiced by French adults.¹¹ Directly after the passage cited above, Remlinger simply stated that “the Arab does not know any moderation in the consumption of alcoholic beverages.” According to Remlinger, this fact made it easy to spot alcohol drinkers among the colonized Muslims. “He [the Moroccan Muslim] drinks or he does not, and if he drinks, he is drunk” (Remlinger 1912, p. 750).

A very similar sentiment about the lack of moderation in the colonized can be found in Pierre Pinaud’s 1933 medical dissertation on alcoholism in Algeria. He explained this connection between excessive consumption and, so to speak, excessive non-consumption of alcohol, by writing that, upon starting the research for his dissertation, he was immediately struck by the “immoderation” of consumption among Algerian Muslims. He claimed: “With him [the Algerian Muslim], there are no half-measures: either he respects the wise precepts of the Qur’an and will abstain all his life from lifting any fermented beverage to his lips; or, if he starts drinking, he will soon exceed fair and reasonable measures. There are only very few Arabs who follow a rational and moderate consumption of alcohol akin to that of many Europeans” (Pinaud 1933, p. 11). Although they are not comparing the colonized to children in these passages, both Remlinger and Pinaud clearly interpret rationality and moderation as adult characteristics that Muslims lacked. The implicit conclusion of such statements is that, in the minds of these French commentators, colonized adults’ alcohol consumption proved they were “not quite” adults.

Finally, the vocabulary used to describe this notion of the spread of alcohol being not an act of adult self-determination, but a mere consequence of the

growing influence of France in the region, provides further insight into how colonial publications both infantilized and dehumanized the colonized. In 1907, for example, the psychiatrist Camille-Charles Gervais stated in his dissertation on the treatment of mental patients in Algeria that “the Arab” is “easily won over by the vices of our civilization” (Gervais 1907, p. 47), before specifying alcohol as one of these vices. Similarly, Jean Coudray described this whole process in his 1914 medical dissertation about the state of surgery in Tunisia as follows: “Indeed, since the natives [started to] mingle with the life of the Europeans, since our moralizing civilization has flooded them with its benefits, they gradually let themselves be won over by the sweetness of absinthe imported from France” (Coudray 1914, p. 47). In both cases, the colonized could not help themselves: alcohol “won them over.” In this context, the habit of drinking alcohol was framed as having greater agency than the Muslims who consumed it. We can therefore conclude that the alcohol consumption of the colonized was fully attributed, by popular belief, to the spread of French influence and not to self-determination among the colonized. It was out of childlike obstinacy, French observers claimed, that this French influence only included emulation of potentially detrimental French habits, such as alcohol consumption, and not what they judged to be nobler Western ideals and behaviors.

The beverage choices of the colonized, their motivation for starting to drink, and the amounts they consumed were all infantilized by the colonial doctors and psychiatrists. Lack of agency, rationality, and moderation were all symptoms of the “mental infantilism” that the French doctors and psychiatrists of the *École d’Alger* diagnosed in all Muslims they encountered in the Maghreb. Antoine Porot himself defined the “mental infantilism” of normal Muslim adults in 1918 as being dominated, like the minds of European children, by “credulity and stubbornness,” before adding that, unlike European children, they lacked both curiosity and a real “scientific appetite” and were therefore only capable of arriving at simple conclusions (Porot 1918, p. 382 f.). These mechanisms of infantilizing the consumption of alcohol by the colonized allowed French observers to artificially distance the colonized from the “French” habit they had adopted.

Immature Bodies

While the French authors believed that most, if not all, of their compatriots consumed alcohol regularly, just like their parents and grandparents before them, the colonized were perpetually understood to have just been “won over” by alcohol, as seen in the quotes by Gervais and Coudray discussed above (Gervais 1907,

p. 47; Coudray 1914, p. 47). Each generation of alcohol-drinking Muslims was described by French observers as being among the first to have turned to alcohol. This also meant that each generation was treated as unused to alcohol and, consequently, as metaphorical children.

Based on this assumption, it was perpetually expected that the physical and emotional reactions of the colonized to alcohol drinking would be fundamentally different from those of the French. The aforementioned French psychiatrist Antoine Porot described in his 1918 article his personal experiences with Muslim Algerian soldiers during World War I by claiming: “*Alcoholism* has caused much havoc on these virgin organisms and these men, who, for the most part, have never tasted fermented beverages and liquors before [military] service, sometimes indulged in it with that immoderation specific to the primitives” (Porot 1918, p. 383 f.). Porot’s term “virgin organisms” implied that these soldiers had only been introduced to the pathological behavior of alcohol-drinking and alcoholism by copying the actions of the French soldiers, while also suggesting that their reaction to alcohol was biologically different from that of the non-virgin French. By additionally calling them “primitives,” he turned their alcohol consumption into something inherently different from that of the French.

Antoine Porot expanded on this idea of alcohol consumption having biologically different effects on the North African soldiers versus other soldiers in a 1932 article. In this article, Porot and his student Don Côme Arrii repeated this articulation and then added: “The native is hypersensitive to alcohol because of his individual or ancestral non-habit [of drinking]” (Porot and Arrii 1932, p. 600), in other words, alcohol produced a stronger reaction in the colonized because they had only recently been “won over” by it. According to Porot and Arrii, this lack of generational acclimatization regarding alcohol had serious physical consequences. Those Muslims who started to drink lacked the supposed beneficial genetic experience of generations of alcohol-drinking ancestors, which made their reactions to alcohol supposedly more violent.

The same argument was also made by Doctor Pierre Pinaud in his 1933 medical dissertation, “Alcoholism amongst Arabs in Algeria.” Pinaud described the considerable amount of anisette consumed by both European settlers and Algerian Muslims after the 1914 ban on absinthe, and added: “But the natives seem more particularly affected. This is, we believe, the result of a particular idiosyncrasy, and of a weaker resistance to this toxin combined with an exaggerated consumption” (Pinaud 1933, p. 27).¹² It appears that Pinaud understood this “idiosyncrasy” and “weaker resistance”—as well as the “exaggerated consumption”—to be racial characteristics shared by all Algerian Muslims and marking them as different from Europeans. The weaker resistance towards alcohol that

Pinaud alleged in this quote seems to be comparable to Porot's idea of Muslims as "virgin organisms" (Porot 1918, p. 383 f.).

As these quotes by Porot and Pinaud show, the less-than-adult status of the colonized was, for French observers, apparent in their physical reactions towards alcohol. It was claimed that their bodies reacted differently and did not tolerate alcohol as well as those of the French, in whose veins alcohol had flowed for generations. Judging by physical reactions to alcohol, both Porot and Pinaud ascribed to alcohol-drinking Muslims an evolutionary level beneath French adults. These descriptions of distinct physical reactions towards alcohol among the colonized are also reminiscent of French people's attitudes at the time toward alcohol consumption by their own children. Watered-down wine was often the recommended drink for children in order for their young bodies, not yet capable of handling alcohol in the same way as French adults, to become accustomed to alcohol.¹³ The childlike colonized, with their alleged predilection for strong drinks, had sidestepped this stage of acclimatization, which explained why, in the eyes of many French experts, alcoholism was so rampant among them.

Lessons on Drinking

As mentioned above, the framing of Muslims' alcohol consumption patterns as deeply childlike also introduced the idea that the French, in their "role" as the adults in the colonial situation, needed to teach the colonized how to drink correctly. A report concerning a discussion of the Higher Council of Government in Algiers on June 28, 1911 demanded just that, calling for urgent measures against the uncontrolled consumption of aperitifs among both the colonizers and the colonized in Algeria. With reference to the colonized, the report stated: "They [King Absinthe and Queen Anisette] have penetrated, these deadly sovereigns, into the heretofore recalcitrant territory of Islam—in Mecca, alcohol has been found, smuggled in oil drums, and, in Algeria, islets of alcoholism have been formed. It is time for a cry for help and for measures to protect our indigenous populations [who are] a little childlike" (Saliège 1911/1912, p. 154). Two sets of measures were recommended in the report: either a strict prohibition of both absinthe and anisettes, or a combination of abstinence education, restriction of sales, and surveillance of places that sold alcohol (Saliège 1911/1912, p. 155 f.). However, neither option was fully implemented in Algeria.¹⁴ Had they been implemented, these measures would have been imposed by the French government against the express wishes of the settler population in Algeria, many of whom loudly protested against such actions, stating that they very much enjoyed their aperitifs.

This report clearly framed France's role in all of this as having to be the adult in the room—imposing unwelcome restrictions on those unwilling or unable to voluntarily limit their own consumption. This report further stated that France had a duty to protect the European populations in Algeria from absinthe and anisette: “We have to protect, like an attentive mother, the young Algero-European race” (Saliège 1911/1912, p. 155), and thus keep them from destroying themselves.

France, the motherland, assumed the role of the parent and assigned the settler colony that of the child, which fits into standard romanticized conceptions of the relationship between citizen and state. France's attempts to restrict the consumption of aperitifs by the French settlers in Algeria should be interpreted as an act of parental care. In contrast, this same report described the relationship between the colonized and France in a slightly different way: “With respect to the natives, of whom we are, to a degree, the guardians, we need to have a deep and serious conception of their needs, of their faults, of the duties that both impose on us” (Saliège 1911/1912, p. 155). The French term *tuteurs*, which is translated here as guardians but also means mentors, demonstrates a rather different relationship between the French government and its colonized subjects—one of teacher and student rather than parent and child. It was out of duty, not love, that France had to step in with the proposed measures. Yet the French observers clearly believed that through legal measures, education, and surveillance, as well as by French settlers being better role models, the colonized would learn how to drink in a more mature and reasonable way. Like children, they had to be taught how to be more like adults.

Conclusion

In conclusion, little evidence of adulthood or self-determination can be found in the colonial descriptions of the alcohol consumption of the colonized in the Maghreb. The narratives of the French colonial doctors and psychiatrists writing in the nineteenth and early twentieth centuries suggested that, when it came to alcohol, every aspect of the drinking habits of the colonized was influenced by factors outside their control, so to speak. Colonial subjects only started to drink because the French had introduced alcohol into their region; they only continued to drink because they were trying to imitate the French; character traits allegedly shared by the whole “race” pushed them towards particularly sweet and strong alcohol; their innate immoderation made them unable to control their consumption; their bodies themselves reacted uncontrollably to alcohol as a substance; and

their only hope of moderating their own alcohol consumption was if they obediently followed strict measures enacted by their guardian, France.

This infantilization of the colonized by the medico-psychiatric profession is itself patronizing and problematic, but it also had political implications. If the colonized were childlike and without agency, even in minor, everyday issues, how could they ever hope to successfully govern themselves? How could the colonized ever hope for a change in the colonial situation, when their lack of modernity and rationality was proven “scientifically” by their “mental infantilism”? These various reports by French doctors and psychiatrists, which framed the drinking habits of the colonized in the Maghreb as inherently childlike, must be placed into the wider field of descriptive mechanisms that served to dehumanize and undermine the colonized in order to deny them their right to self-governance. The colonial doctors and psychiatrists did not dispute the humanity of the colonized in the Maghreb when they constantly referred to them as metaphorical children, but this framing certainly suggested that their childlikeness, their “mental infantilism,” demonstrated that they were below the level of rational French adulthood.

All of these allusions to the childlikeness of Muslim alcohol drinkers should also be read within a broader discourse of the time that questioned the general ability of the colonized to “assimilate,” that is, become French. Most of these colonial doctors and psychiatrists understood themselves as crucial cogs in the mechanism of France’s wider *mission civilisatrice*. Their mindsets (and consequently their publications) were deeply influenced by the central message of France’s colonial project: France had a duty to modernize the colonies, to civilize the colonized under “its protection,” and to guide them until they had reached a certain level of civilization. French colonial doctors and psychiatrists believed that they were helping France to civilize the colonized and to assimilate them into French civilization, but without any clear definition of what exactly this process entailed. The colonial psychiatrists believed that they, with their expert knowledge of the minds of the colonized, were the ones to determine whether or not assimilation was possible. They interpreted the spread of alcoholism in the Maghreb as one of the main indicators of the inability of the colonized to assimilate, as proof that even when they began to adapt French habits, there were deleterious consequences. This, finally, is how we must interpret the diagnosis of “mental infantilism”: as a response by twentieth-century French colonial doctors and psychiatrists to the question of whether the North African colonized would ever be able to assimilate. By diagnosing all of them with “mental infantilism,” these colonial experts clearly denied their ability to assimilate into French civilization.

Descriptions of the colonized in the Maghreb as suffering from “mental infantilism” provided, as a direct consequence of this devaluation process, a quasi-scientific justification for the continuation of the French colonization of the region. It was obvious to the French readerships of these medical and psychiatric texts that this childlike state of the population as a whole justified the region’s colonization, as people on or even below the level of children could not be expected to effectually govern themselves.

In this chapter, alcohol drinking served as a case study for far larger political questions, as the alleged childlikeness that the colonial doctors and psychiatrists observed in the habits of the colonized showed both their inability to assimilate and that they could not be trusted to look after themselves and consequently needed “adults” to govern them. Hence, this narrative of the colonized Muslims behaving and reacting like children when it came to alcohol further proved, in the eyes of French authors, the innate superiority of the French.

Endnotes

1. An example of such a description of all North Africans being classed as children by a medical or psychiatric expert can be found in the 1905 medical dissertation of Henri Duchêne-Marullaz on the “Hygiene of Muslims in Algeria”, in which he nonchalantly referred to the “apathetic indolence of a population of children” when describing the experience of French doctors in Algeria (Duchêne-Marullaz 1905, p. 11). Similarly, in a 1912 article published in the journal *Presse Médicale* on “Hygiene in Morocco”, the anonymous author described Moroccans as “natives, ignorant and simple like children” (D. 1912, p. 39). All translations into English are by the author.
2. This has been long established by historians working on other colonial contexts. See, for example: Cohen 1970, Prakash 1990, p. 386, George 1994, p. 112, Gouda and Clancy-Smith 1998, p. 7. On the framing of colonised people as children by colonial psychiatrists, see: German 1987, p. 435, Swartz 1995, p. 403, Bullard 2007, p. 201.
3. Some French authors, however, went even further. They suspected that North Africans lacked certain character traits of “normally developed” European children, which were understood to be crucial to their healthy development. See, for example: Porot 1918, p. 382 f. Such racist and pejorative comparisons by medical and psychiatric experts can also be observed in other colonial contexts. The French psychologist Gérard Wintringer, for example, wrote in 1955 an article entitled “Considerations on the Intelligence of the Black African”, in which he compared the “normal” Black African (i.e.

- somebody without a psychological problem) with European “retarded children”. Wintringer 1955, p. 55.
4. These ideas of the colonised being comparable with European children, and of the colonies as a whole being at the stage of Europe’s childhood, are also connected to the countless comparisons of nineteenth and twentieth century North Africa with the European Middle Ages in the publications of French colonial doctors and psychiatrists. These comparisons were also used to explain alleged inherent differences between Europeans and the colonised. See, for example: Porot 1918, p. 381, Mazel 1922, p. 15, Porot and Sutter 1939, p. 237, Pasqualini 1957, p. 77.
 5. In his 1907 dissertation on “The Mad in Tunisia”, for example, the psychiatrist Henry Bouquet described Tunisians casually as a people, “who are still in their infancy” (Bouquet 1909, p. 20).
 6. The French colonial doctors and psychiatrists studied for this chapter usually lamented that Muslim men treated their female family members like children, while at the same time stating that these same women were childlike. This contextualisation and treatment of women as children by French colonial doctors and psychiatrists has also been commented on by postcolonial psychiatrists from the region (Anonymous 1969, p. 885 f.; Almeida 1975, p. 254; Bennani 1996, p. 198).
 7. In a 1903 “Treatise on Mental Pathology”, the symptoms of “mental infantilism” were described in a case study as the following: “the habitus, the attitude, the mimicry, the language, the tendencies and the expression of ideas [all] testify to a regression of the mentality towards childhood.” Ballet et al. 1903, p. 1119.
 8. Arène and Porot were not the only psychiatrists who applied this diagnosis to the colonised in the Maghreb. See also: Arrii 1926, p. 33, Sutter 1937, p. 74 f., Olry 1940, p. 83, Alliez and Decombes 1952, p. 154 ff., Sutter et al. 1959, p. 912. The historian Alice Bullard described the problems surrounding the diagnosis of “puérilisme” by the École d’Alger in a 2007 article. See: Bullard 2007, p. 201.
 9. In the context of this chapter, “colonised” refers to both Arab and Amazigh Muslims in the colonial Maghreb. It should also be added that, on a theoretical level, the French authors studied for this chapter routinely divided the colonised Muslim population of the Maghreb into distinct groups of “Arabs” and “Berbers”, as seen, for example, in the quote by Sextius Arène presented above (Arène 1913, p. 137). However, these distinctions were not apparent in colonial descriptions of the alcohol-consumption of Muslims. Only

- occasionally did reports differentiate between the drinking habits of Arabs and Amazigh—for instance, the psychiatrist Camille-Charles Gervais, who stated in 1907 that Arabs were far more likely to become alcoholics (Gervais 1907, p. 47). Most of the reports on the alcohol consumption of the colonised, however, ignored ethnic and regional differences and described all of them simply as “musulmans”, “indigènes” or even “mahométans”. For examples of this colonial vocabulary chosen to describe the colonised, see: Bouquet 1909, p. 26 f., Remlinger 1912, p. 749, 752, Coudray 1914, p. 47, Pinaud 1933, p. 39.
10. In his 1913 book on the “Arabo-Berber Soul”, a doctor, Victor Trenga, for example, described North African Jews as: “Like any race that remains in its childhood, the mysterious attracts the Jewish race”. Trenga 1913, p. 25. See also: *ibid.* 1902, p. 33, FN 1.
 11. It should be added here that many French people also did not consume alcohol “reasonably” in this same time period, as the rising numbers of institutionalised cases of alcoholism in France show. See, for example: Kérohant 1887, p. 100, Navarre 1895, p. 336 f. The same can be said for the situation in the colonies, especially in Algeria, where the numbers of French alcoholics rose steadily. Viré 1888, p. 88 f., Joly 1889, p. 67 f.
 12. In 1912, Doctor P. Remlinger also believed that there was a distinctly different reaction towards alcohol among Moroccan Muslims compared to the French, a distinct “ethnic characteristic”, but offered the qualification that the inferior quality of the alcohol that they consumed might have partly caused this difference. Remlinger 1912, p. 750.
 13. Witold Lemanski, for example, who spent his life as a medical practitioner in Tunisia, suggested in 1902 that watered-down wine was the best drink for French children from the age of “eight or ten”. Lemanski 1902, p. 81.
 14. Absinthe was prohibited in August 1915 in France and French colonies, but the sale and consumption of anisettes remained legal. On the prohibition of absinthe, see: Prestwich 1979, p. 301.
 15. Frantz Fanon, for example, described in 1961 similar mechanisms of dehumanisation of the colonised, stating that the colonisers often used a zoological vocabulary when describing the colonised. Fanon 2002, p. 45.
 16. Assimilation as an idealistic colonial theory cannot be compared to specific cases of administrative or legal assimilation, such as, for example, that of Algerian Jews through the *Crémieux Decree* in 1870. On the history of the psychiatric theories concerning assimilation in the Maghreb, see: Fanon and Azoulay 1975, p. 1099, Keller 2007, p. 9, 138, 172. See also: Andrew and Kanya-Forstner 1981, p. 26, Lorcin 1995, p. 7 f.

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