

Aufsätze

“Without Coffee, Our Algeria Would Be Uninhabitable”

Ambivalent Attitudes to Coffee Drinking in Medical Accounts on Nineteenth Century Algeria

by Nina S. Studer

In June 1830, French troops landed on Algerian soil. By July, they had conquered the city of Algiers, and for the next 40 years the new colony of Algeria was ruled by the French military.¹ This military administration was only replaced in 1870. Under both the military and civilian administrations, French control was expanded and various uprisings brutally quelled.² The colonised Algerians and, to a lesser degree, the European citizens that began to settle in the conquered regions were confronted with war, famine and disease throughout the nineteenth century.³

The first wave of French physicians that came to Algeria consisted of military doctors. Their publications showed a clear crossover of military and medical vocabulary and interpretations. This militarisation of colonial medicine influenced non-military doctors who practiced in Algeria. The majority of French doctors – military or civilian – in nineteenth century Algeria believed that France actively brought civilisation to a country that they saw as both in decay⁴ and somewhat hostile⁵, and viewed themselves as agents of a benevolent colonialism.⁶ This interpretation was long-lasting. The Algerian-born French doctor Georges Pélissier, for example, summarised in a 2002 article the 132 years of French colonialism in Algeria as follows: “We penetrated an

1 On this period of military control, see *Patricia M. E. Lorcin*, Imperialism, Colonial Identity, and Race in Algeria, 1830–1870. The Role of the French Medical Corps, in: *Isis* 90 (1999) 4, 653–679.

2 On the 1847 defeat of Abd al Qādir al Ġazā’irī, see *Benjamin Claude Brower*, The Amīr ‘Abd Al-Qādir and the “Good War” in Algeria, 1832–1847, in: *Studia Islamica* 106 (2011) 2, 169–195. On the 1857 uprising, see *Samia Touati*, Lalla Fatma N’Soumer (1830–1863). Spirituality, Resistance and Womanly Leadership in Colonial Algeria, in: *Societies* 8 (2018) 4, 1–16.

3 *Dominique Maison*, La population de l’Algérie, in: *Population* 28 (1973) 6, 1079–1107, 1079–1080.

4 On this notion of the Maghreb being ‘in decay’ before the colonisation of the region see *Diana K. Davis*, Desert “Wastes” of the Maghreb. Desertification Narratives in French Colonial Environmental History of North Africa, in: *Cultural Geographies* 11 (2004) 4, 359–387, 363; *Richard Charles Keller*, Pinel in the Maghreb. Liberation, Confinement, and Psychiatric Reform in French North Africa, in: *Bulletin of the History of Medicine* 79 (2005) 3, 459–499, 467–488.

5 French sources in Algeria described, among other things, people, food, the climate and nature itself as being hostile and dangerous to Europeans. On the narrative of the Algerian climate being hostile – and thus uninhabitable – see *Patricia M. E. Lorcin*, *Imperial Identities. Stereotyping, Prejudice, and Race in Colonial Algeria*, London 1995, 125.

6 *Lorcin*, *Imperialism*, 655.

underpopulated desert country, decimated by disease, a hostile and barbaric region, and we have achieved an admirable therapeutic work.”⁷

French military and civilian doctors viewed the presence of the medical profession as necessary for both the wellbeing of the rising numbers of European settlers and the survival of the colony itself. Consequently, they tried to fortify the Europeans in their care – whose continued existence on Algerian soil ensured the survival of the colony – in whatever way they could. In addition to administering medical care to European settlers and soldiers, and, to a lesser degree, the colonised Muslims and Jews, many of these doctors composed medical handbooks for settlers.⁸ Medical handbooks for Europeans in colonial contexts in general, and Algeria in particular, written between the 1840s and the early 1900s,⁹ form the main sources for this article.¹⁰ These manuals comprised descriptions of common diseases and home remedies, but also detailed suggestions for ‘hygienic’ housing, clothing, behaviour and diet. While these handbooks were indubitably meant to protect the lives and health of European settlers, they also have to be understood as unwaveringly pro-colonial, with the goal of preserving the French presence in Algeria above all else.

In these manuals, coffee in Algeria was often portrayed as staunchly in the service of *La Grande Nation*, making the French stronger and more intelligent, helping them resist hunger and heat, and even providing immunity from certain diseases.¹¹ The eminent French hygienist Apollinaire Bouchardat for example, ascribed to coffee in 1856, at least on a discursive level, an active role in the conquest, stating unironically: “Without

7 All English translations are by the author. This can be found on the homepage of Georges Péliissier: *Georges Péliissier, La médecine française en Algérie de 1830 à 1962* (Nov. 2002). Available at: <http://medecinealgerie.canalblog.com/> (22.09.2020).

8 For a selection of these manuals: *A.-E.-Victor Martin*, *Manuel d’hygiène. A l’usage des européens qui viennent s’établir en Algérie, Algiers – Paris 1847*; *J.J. Feuillet*, *Aux colons algériens. Manuel médical homéopathique. Traitement de la fièvre intermittente, Algiers 1860*; *Alphonse Marcailhou D’Aymeric*, *Manuel hygiénique du colon algérien, Algiers 1873*; *Émile Bertherand*, *Hygiène du colon en Algérie, Algiers 1875*; *Pierre-Just Navarre*, *Manuel d’hygiène coloniale. Guide de l’Européen dans les pays chauds, Paris 1895*. These medical manuals have been largely unstudied by historians working on Algeria.

9 The early 1900s have been chosen as an end date for this analysis in accordance with the theories of the anthropologist Ann Laura Stoler, who suggested that, in the early twentieth century, metropolitan French authors in general, and medical experts in particular, began to ‘other’ and pathologise European settlers in their publications. According to Stoler, this clear shift in the discourse could also be observed in French handbooks for settlers published in the 1920s and 1930s. See *Ann Laura Stoler*, *Making Empire Respectable. The Politics of Race and Sexual Morality in 20th-Century Colonial Cultures*, in: *American Ethnologist* 16 (1989) 4, 634–360, 646; *Ann Laura Stoler*, *Carnal Knowledge and Imperial Power. Race and the Intimate in Colonial Rule*, Berkeley 2002, 67.

10 To supplement this source material, manuals of military medicine and more general medical publications covering the same time period have been used. It should be added that within these handbooks, when it came to drinking habits, the most intensely treated, and also the most contested, question was that of alcohol consumption. Coffee drinking was of only secondary importance.

11 This was not unprecedented. At the time of its introduction into Europe in the seventeenth century, coffee had habitually been described as a form of medicine. See *Rudolph P. Matthee*, *Exotic Substances. The Introduction and Global Spread of Tobacco, Coffee, Cocoa, Tea and Distilled Liquor, Sixteenth to Eighteenth Centuries*, in: Roy Porter/Mikulas Teich (eds.), *Drugs and Narcotics in History*, Cambridge 1995, 24–51, 30.

coffee, our Algeria would be uninhabitable.”¹² Bouchardat viewed the process of making Algeria “habitable” for French settlers through coffee as a “medical matter”, one of the many duties of colonial medicine. In this context it would be interesting to know whether Bouchardat, who had visited Algeria,¹³ was aware of the coffee consumption of the Algerians before the French colonisation. If so, he might have included Algerians in this category of people who could not have inhabited Algeria without coffee, but if he saw coffee as mainly a French ‘import’, this quote would have essentially dismissed the settlements of Algerians before the French conquest as non-habitations. Other doctors claimed that coffee drinking had even more direct medical consequences. Doctor Michel Lévy, for example, mentioned in 1879 that “They [the soldiers] need tonic and even stimulating drinks: in the circumstances of war, nothing substitutes for the soldier the use of wine taken moderately and that of coffee; we have preserved more men in the Orient, healed more sickly and more cachectic [people] with these two means than with the aid of all the riches of the pharmaceutical formulary.”¹⁴ For Lévy, coffee was therefore a necessary and potent form of medication “in the Orient”.

While nineteenth century medical publications framed the coffee consumption of European soldiers and settlers as beneficial, the coffee consumed by the Algerian colonised was not. The colonial medical experts knew that both Muslim and Jewish Algerians¹⁵ drank coffee and had done so before the French conquest; indeed, many were aware of coffee having its origins in Yemen or, more generally, in what they interpreted as ‘the Orient’. Despite its geographical location, the Maghreb was also usually included in French definitions of ‘the Orient’ in the nineteenth century.¹⁶ Indeed, coffee had spread throughout Algeria before it ever reached Europe.¹⁷ Yet despite these ‘Oriental’ origins of coffee and despite there having been a centuries-long trade route importing coffee from Yemen into the whole Ottoman Empire, the French in Algeria continued to view coffee mainly as a French product: the drink of modernity and

12 *Apollinaire Bouchardat*, Manuel de matière médicale, de thérapeutique comparée et de pharmacie, vol. 1, Paris ³1856, 304. Bouchardat repeated in 1883 that “Without coffee, several parts of our Algeria would have been uninhabitable to European settlers.” *Apollinaire Bouchardat*, Traité d’hygiène publique et privée, basée sur l’étiologie, Paris ²1883, 360. Bouchardat’s initial quote was also taken up by later authors. See *Auguste Penilleau*, Étude sur le café au point de vue historique, physiologique, hygiénique et alimentaire, Paris 1864, 76; *Alfred Jousset*, Traité de l’acclimatement et de l’acclimatation, Paris 1884, 382.

13 In 1885, for example, Bouchardat published a treatise on grape varieties in Algeria. *Apollinaire Bouchardat*, Sur les cépages qu’il convient de cultiver en Algérie et vins récoltés en 1883 et 1884, Paris 1885.

14 *Michel Lévy*, Traité d’hygiène publique et privée, Paris ⁶1879, vol. 1, 530.

15 This article focuses on the question of European and Muslim coffee consumption in nineteenth century Algeria. While the Jewish population in Algeria also consumed coffee, descriptions of their drinking habits will not be analysed in this article.

16 This can be seen in the quote by Lévy. See also *Marnia Lazreg*, The Eloquence of Silence. Algerian Women in Question, New York – London 1994, 36.

17 Rudolph Matthee mentioned in 1996 that coffee spread to Algeria in the fifteenth century. *Rudolph P. Matthee*, From Coffee to Tea. Shifting Patterns of Consumption in Qajar Iran, in: *Journal of World History* 7 (1996) 2, 199–230, 201. The French historian and anthropologist Omar Carlier stated that coffee was widespread in Algeria by 1633. *Omar Carlier*, Le café maure. Sociabilité masculine et effervescence citoyenne (Algérie XVIIe–XXe siècles), in: *Annales. Histoire, Sciences Sociales* 45 (1990) 4, 975–1003, 978. The first coffeehouse in France opened in either 1671 or 1672. See *Markman Ellis*, The Coffee House. A Cultural History, London 2004, 259.

reason,¹⁸ produced in French colonies¹⁹ and imported into Algeria as a luxury product by French merchants.²⁰

Despite there being a wide range of historical, secondary literature on the origins of coffee in Ethiopia and Yemen,²¹ on various aspects of the coffee trade and production,²² and on the social and political importance of the coffeehouse in the region,²³ the history of coffee consumption in the Muslim world has been mostly neglected.²⁴ Additionally, apart from texts on the history of coffeehouses in Algeria by the sociologist Omar Carlier,²⁵ and the historians Nessim Znaïen²⁶ and Youcef Fates,²⁷ which focus heavily on the developments and changes in the twentieth century, there is no literature on the history of coffee in colonial Algeria.²⁸

The coffee drinkers described in the medical handbooks used for this article were almost exclusively male; from the soldiers, to the French manual workers who settled in Algeria, to the North Africans in the cafés. This does not mean, however, that colonising and colonised women did not also consume coffee, or even that coffee drinking

18 This was not limited to the French understanding of coffee. Wolfgang Schivelbusch described coffee as *the* drink of bourgeois modernity in his classic book *Das Paradies, der Geschmack und die Vernunft*. Wolfgang Schivelbusch, *Das Paradies, der Geschmack und die Vernunft. Eine Geschichte der Genussmittel*, Frankfurt a. M. 2010, 50.

19 While coffee was still produced in Yemen and exported along the traditional trade routes in the nineteenth century, other regions had long taken the lead in the global production. David Grigg, *The Worlds of Tea and Coffee. Patterns of Consumption*, in: *GeoJournal* 57 (2002), 283–294, 286. Before the Haitian revolution in 1791 the French colony in Haiti had been the biggest global coffee producer. Gregory Dicum, *Colony in a Cup*, in: *Gastronomica* 3 (2003) 2, 71–77, 73. See also Silvia Marzagalli, *The French Atlantic and the Dutch, Late Seventeenth-Late Eighteenth Century*, in: Gert Oostindie/Jessica V. Roitman (eds.), *Dutch Atlantic Connections, 1680–1800. Linking Empires, Bridging Borders*, Leiden 2014, 103–118.

20 See David Prochaska, *Making Algeria French. Colonialism in Bône, 1870–1920*, Cambridge – New York 1990, 53.

21 Dicum, *Colony*; Jonathan Morris, *Coffee. A Global History*, London 2019.

22 Suraiya Faroqhi, *Coffee and Spices. Official Ottoman Reactions to Egyptian Trade in the Later Sixteenth Century*, in: *Wiener Zeitschrift für die Kunde des Morgenlandes* 76 (1986), 87–93.

23 See Ralph S. Hattox, *Coffee and Coffeehouses. The Origins of a Social Beverage in the Medieval Near East*, Seattle – London 1985; Eminegül Karababa/Ger Güliz, *Early Modern Ottoman Coffeehouse Culture and the Formation of the Consumer Subject*, in: *Journal of Consumer Research* 37 (2011) 5, 737–760; Alan Mikhail, *The Heart's Desire. Gender, Urban Space and the Ottoman Coffee House*, in: Dana Sajdi (ed.), *Ottoman Tulips, Ottoman Coffee. Leisure and Lifestyle in the Eighteenth Century*, London – New York 2007, 133–170; Mohamed Nagib El-Deeb, *Kulturgeschichte der Kaffeehäuser "makahi" in Kairo. Orte der sozialen und politischen Innovation im Ägypten des 19. und 20. Jahrhunderts*, Ph.D. Thesis, Albert-Ludwig-Universität Freiburg i. Br., 2008/2009.

24 An exception to this can be found in the research of the historian Rudi Matthee. Rudi Matthee, *Coffee in Safavid Iran. Commerce and Consumption*, in: *Journal of the Economic and Social History of the Orient* 37 (1994) 1, 1–32; Matthee, *From Coffee to Tea; consumption patterns have been studied in other geographical contexts: see Grigg, Worlds*.

25 Carlier, *Café maure*.

26 Nessim Znaïen, *Cafés maures, débits européens et cadre colonial. Boire en Tunisie et en Algérie (fin XIX^{ème}–milieu XX^{ème})*, in: Didier Nourrisson (ed.), *Boire et manger. Une histoire culturelle*, Paris 2018, 281–293.

27 Youcef Fates, *Du café maure au "café des sports"*, in: *Génération engagées et mouvements nationaux: le XX^{ème} siècle au Maghreb. Hommage à Mahfoud Kaddache*, Algiers 2012, 269–286.

28 A literary collection of stories focusing on the relationship that Algerians have with the traditional coffeehouse was published in 2003: Leïla Sebbar (ed.), *Les Algériens au café*, Paris 2003.

women were not mentioned – and criticised – in medical publications.²⁹ In the context of this article, however, the focus will be on the construction of an idealised European masculinity reflected through coffee consumption – that is, coffee increasing the health, strength and reason of male European consumers – within the source material, and on descriptions of visible (and therefore mainly male) North African coffee drinkers. This focus necessarily excludes the topic of female coffee drinking in colonial Algeria. This article sets out to map the ambivalence in how the consumption of coffee was described, explained and judged by French medical experts in the nineteenth century, depending on who consumed it and analyses how the consumption of coffee was connected to masculinity in these medical handbooks for settlers. This article is a case study in how differences in outcome, based on a shared habit, could be explained in the colonial worldview.

1. Coffee as a Source of Energy for Settlers

Protecting and strengthening (male) European bodies in Algeria, and thus ensuring that the colony endured, was the main goal of the nineteenth century doctors studied for this article. Coffee was usually described as one of the best drinks available to European men in hot climates and, consequently, European travellers, settlers and soldiers in Algeria were actively encouraged to consume it, in order to benefit from its imagined protective influence.³⁰ By contrast, the absence of coffee was often criticised. Doctor Justin Douillot, for example, deplored in 1869 the fact that Portugal did not feed its troops well, adding that “it does not even grant coffee, such a precious drink in all countries, but indispensable in hot countries”.³¹

In accordance with the medical understanding that coffee made European men more able to withstand the many dangers they faced in Algeria, French military doctors prescribed coffee rations daily, or at least every other day, to the French troops.³² Specific information on when these rations were first distributed and on how much coffee the French soldiers actually consumed is, however, rare. Most of the medical authors wrote decades after the first introduction of the coffee ration and, presumably because of this temporal distance, almost none gave exact details in their texts. The accounts about the

29 Immediately before the aforementioned 1856 quote on the necessity of coffee in order to make Algeria habitable, for example, Apollinaire Bouchardat stated that coffee was “more suitable to the old than to the young, to men more than women”. *Bouchardat*, Manuel, 304.

30 Most of the nineteenth century French doctors analysed for this article agreed that coffee was a healthy drink in the North African climate, if not “abused”. See *Adolphe Nicolas/Honoré Lacaze/Jules Signol*, Guide hygiénique et médical du voyageur dans l’Afrique centrale, Paris 1885, 312–313; *Witold Lemanski*, Hygiène du colon, ou vade-mecum de l’européen aux colonies, Paris 1902, 99.

31 *Justin Douillot*, Hygiène militaire. Casernement, chauffage, bains, alimentation, aperçu comparatif du régime alimentaire dans les armées d’Europe, hygiène morale, Paris 1869, 189.

32 *Gustave Thomas*, Notions élémentaires et pratiques d’hygiène militaire, Lyon 1861, 86; *Penilleau*, Étude, 70–71, 79; *Th. Fauré*, Causeries populaires sur l’hygiène et la physiologie, Marseille 1867, 50–51; *Lévy*, Traité, vol. 1, 884; *Charles Viry*, Manuel d’hygiène militaire. Suivi d’un précis des premiers secours à donner en attendant l’arrivée du médecin, Paris 1886, 152; *Eugène-François Rave- nez*, La vie du soldat au point de vue de l’hygiène, Paris 1889, 183–184; *Alphonse Laveran*, Traité d’hygiène militaire. Paris 1896, 282, 286; *Lemanski*, Hygiène, 98–99.

coffee rations distributed to the French troops by the government were therefore often very vague and the published manuals and treatises usually alluded to the long history of these rations without providing the year of their introduction or exact measures.

One of the most detailed accounts of these coffee rations can be found in an 1859 medical handbook by Adolphe Armand. In this book, Armand described the diet of the “soldier stationed in Africa”, by which he meant Algeria, as consisting of two pounds of bread, “half a pound of meat, two ounces of rice, half an ounce of salt, of a ration of coffee and sugar alternating every two days with a ration of wine”.³³ He further specified that a ration of coffee was 16 grams, a ration of sugar 21 grams, and of wine a quarter of a litre.³⁴ 16 grams of ground coffee every other day amounts to about one cup of – probably rather weak – coffee a day. In addition to this official ration, soldiers could buy ground coffee from the European merchants following the troops or from local Algerian vendors. Alternatively, they could drink coffee in one of the quickly materialising French-style establishments or Muslim coffeehouses.³⁵ With these additional opportunities, it is impossible to tell how much the French soldiers actually consumed; however, when confronted with the services attributed to the effects of coffee, the official daily rations appear to have been surprisingly small.

Most sources agreed that the first Frenchman to distribute coffee to troops was Baron Dominique Jean Larrey (1766–1842) at the time of Napoleon’s Expedition to Egypt between 1798 and 1801, who had been a military doctor and surgeon.³⁶ He supposedly recommended that coffee should be distributed to the soldiers in Egypt as a health measure, in order to protect them against various diseases that afflicted the French army at the time.³⁷ From the sources, it remains unclear whether this first distribution of a coffee ration during the Expedition to Egypt was a standalone occurrence or whether it became a military norm, and it is equally uncertain when coffee rations were first distributed in Algeria. Some authors claimed that it occurred at the very beginning of the war of conquest in 1830.³⁸ Others claimed that while coffee rations might have been introduced at that time, they were only distributed on a regular basis in later years.³⁹

33 *Adolphe Armand, Médecine et hygiène des pays chauds et spécialement de l’Algérie et des colonies*, Paris 1859, 479.

34 *Ibid.*, note 1. The same numbers were given by the military doctor Alphonse Laveran almost 40 years later in 1896, in his *Treatise of Military Hygiene*. See *Laveran, Traité*, 282.

35 Penilleau mentioned in 1864 that in the mornings, in France as well as in Algeria, “every soldier takes at his own expense one or two cups of coffee”. *Penilleau, Étude*, 79. On the history of these two types of cafés in Algeria, see *Znaien, Cafés maures*.

36 *Penilleau, Étude*, 79; *Laveran, Traité*, 282. In 1879, Doctor Michel Lévy attributed the introduction not to Larrey but to René-Nicolas Dufriche, Baron Desgenettes (1762–1837), who had been chief doctor to the French army in Egypt. He stated that Desgenettes had “recommended it to our soldiers in Egypt”, “without doubt due to having seen it in use among the natives”. *Lévy, Traité*, vol. 1, 884; *ibid.*, vol. 2, 805.

37 According to doctor Eugène Ravenez’s 1889 treatise, Baron Larrey specifically “advocated the infusion of coffee against malarial fevers”. The theory that coffee offered protection against malaria will be discussed below. *Ravenez, Vie*, 184; *Laveran, Traité*, 282.

38 Georges Morache even claimed that Larrey himself had directly recommended the use of coffee to the troops during the conquest of Algiers in the early 1830s. *Georges Morache, Traité d’hygiène militaire*, Paris 1886, 653–654.

39 Ravenez, for example, did not offer a specific year of introduction for the coffee rations, but specified that: “In all the campaigns of the Second Empire [1852–1870], the daily distribution of coffee was regulatory.”; *Ravenez, Vie*, 184.

The historian Martin Bruegel stated in a chapter published in 2001 on the history of sugar in France: “As early as 1876, the military administration made coffee and sugar a mandatory component of the soldier’s daily food ration.”⁴⁰ By claiming that 1876 was early, Bruegel indirectly contradicted colonial claims that coffee rations had been established in Algeria between the 1830s and 1850s. Bruegel’s focus was, however, on metropolitan France, and it is possible that regular coffee rations were introduced into the *Métropole* long after it had already been established in the colonies, where coffee rations were, as stated by Armand above, already described as a fixture in the late 1850s.

Independent of who first advocated the distribution of coffee to the troops and the exact date of the introduction of coffee rations into the lives of the French soldiers in Algeria, many nineteenth century French medical experts perceived coffee rations to be a striking success and praised the French government for their foresight.⁴¹ Doctor Alfred Jousset, for example, claimed in 1884 that, with regards to Algeria: “the military doctors are unanimous in recognising its [coffee’s] benefits in our African colony”.⁴² These “benefits” of coffee encompassed almost all layers of colonial military life, ranging from what should be described as social to the strictly medical, but all were understood as strengthening the French army through fortifying the minds and bodies of its soldiers.

Principally, coffee was understood – beyond furnishing company and comfort, or creating a relaxed surrounding in which people were able to talk about their daily hardships⁴³ – to provide energy. In some of the manuals, coffee was described as a form of nourishment and a supplement to an otherwise poor diet,⁴⁴ which becomes understandable when one considers that coffee was consumed with sugar and/or milk. As such, coffee did provide a number of calories, yet it was usually seen to provide a less quantifiable source of energy: coffee was perceived as a powerful stimulant. A number of medical experts claimed that coffee helped against the heat,⁴⁵ or that it stimulated the soldiers sufficiently in order for them to bear the effects of intense physical exhaustion in the heat.⁴⁶ In the medical vocabulary of the time, coffee was understood to act as a tonic, that is as something that restored energy to tired bodies and helped strengthen, refresh and invigorate exhausted soldiers. This notion was

40 *Martin Bruegel*, *A Bourgeois Good? Sugar, Norms of Consumption and the Labouring Classes in Nineteenth-Century France*, in: Peter Scholliers (ed.), *Food, Drink and Identity. Cooking, Eating and Drinking in Europe since the Middle Ages*, Oxford – New York 2001, 99–118, 111.

41 *Ravenez*, *Vie*, 184; *Lemanski*, *Hygiène*, 98–99; *Louis Guiraud*, *Manuel pratique d’hygiène à l’usage des médecins et des étudiants*, Paris ³1904, 735.

42 *Jousset*, *Traité*, 382.

43 *Thomas*, *Notions*, 86.

44 *Fauré*, *Causeries*, 50–51; *Lemanski*, *Hygiène*, 98–99; *Nicolas/Lacaze/Signol*, *Guide*, 312; *Navarre*, *Manuel*, 352.

45 *Lévy*, *Traité*, vol. 1, 884; *Viry*, *Manuel*, 152; *Lemanski*, *Hygiène*, 98–99.

46 *Penilleau*, *Étude*, 70–71; *Ferdinand Rouget*, *Art de vivre longtemps en bonne santé. Traité des aliments, leurs qualités, leurs effets et le choix que l’on doit en faire*, Nice ¹⁴1877, 156.

extremely common,⁴⁷ and the aforementioned Ravenez, for example, described coffee in 1889 as “one of the best tonics” for both body and brain.⁴⁸

Not dissimilar from today, these colonial doctors generally assumed that, especially in hot countries, coffee helped to “raise the activity of the brain”,⁴⁹ or helped the “intellectual faculties become more active”.⁵⁰ It was believed that the hot climates of Algeria and other regions led to a certain “apathy of the brain”⁵¹ in both the colonised and the Europeans, “arising from the continued action of the heat”⁵² and that coffee fought intellectual apathy by stimulating “the cerebral action”.⁵³ For this reason, coffee was seen to be the “intellectual drink”⁵⁴ par excellence and consequently wholeheartedly recommended to European settlers in Algeria. This belief in its cerebrally stimulating capacities also led to some offhandedly racist statements about the intellectual faculties of Algerian Muslims, such as Doctor Jean Marit writing in 1862 that: “Without this drink, the Moors would remain plunged into a deep lethargy.”⁵⁵

Thanks to these perceived advantages – protection against hunger, heat, physical exhaustion and intellectual apathy – coffee was recommended to both French soldiers and civilian settlers,⁵⁶ especially to those who performed manual work.⁵⁷ This has to be seen in the context of the history of coffee in France itself, where it was constructed as the drink of industrialisation, of the modern, rational, effective worker. In this context, coffee was often contrasted with customary European alcoholic beverages, which were seen by many – but not all – medical experts to be more harmful in the colonies than in the *Métropole*.⁵⁸ Doctor Pierre Navarre, for example, wrote in his 1895 handbook that European settlers should best consume “slightly sweetened” coffee in the mornings and between meals,⁵⁹ because of its stimulating properties, and added that “abandoning the habitual beverages of the European, alcohol, wine, beer, for the

47 *Jean-Joseph Marit*, *Hygiène de l’Algérie. Exposé des moyens de conserver la santé et de se préserver des maladies dans les pays chauds et spécialement en Algérie*, Paris – Algiers 1862, 353; *Nicolas/Lacaze/Signol*, *Guide*, 312; *Navarre*, *Manuel*, 352.

48 *Ravenez*, *Vie*, 184.

49 *Martin*, *Manuel*, 214.

50 *Jacques Rossignol*, *Traité élémentaire d’hygiène militaire*, Paris 1857, 383.

51 *Eugène Celle*, *Hygiène pratique des pays chauds ou recherches sur les causes et le traitement des maladies de ces contrées*, Paris 1848, 243.

52 *Ibid.*, 343.

53 *Jules Rochard*, *Traité d’hygiène publique et privée*, Paris 1897, 727.

54 *Navarre*, *Manuel*, 356; *Jules Ladreit de Lacharrière/A. Joltrain*, *Que doit-on boire? Boissons bienfaisantes, boissons à redouter, falsifications*, Paris 1902, 31; *Calixte Pagès*, *L’hygiène pour tous*, Paris 1903, 269; *Jean Laumonier*, *Hygiène de l’alimentation dans l’état de santé et de maladie*, Paris 1894, 37.

55 *Marit*, *Hygiène*, 356.

56 *Lemanski*, *Hygiène*, 99; *Julien Brault*, *Hygiène et prophylaxie des maladies dans les pays chauds. L’Afrique française*, Paris 1900, 23. For other colonies, see *Rochard*, *Traité*, 226; *Guiraud*, *Manuel*, 167, note 2.

57 *Bertherand*, *Hygiène*, 24–25; *Guiraud*, *Manuel*, 735.

58 *Charles Viry*, *Hygiène militaire*, in: *Jules Rochard* (ed.), *Encyclopédie d’hygiène et de médecine publique*, vol. VII, Paris 1895, 1–402, 262; *Alexandre Étienne Rouquié*, *Étude coloniale sur Tunis. Hygiène et maladies locales*, Med. thesis, University of Toulouse 1901, 57–58.

59 *Navarre*, *Manuel*, 353.

use of aromatic beverages, coffee, tea, and perhaps mate, kola [...], is one of the most favourable conditions to the acclimatisation of the white race in the tropics.”⁶⁰

2. The Medicinal Properties of Coffee

Among the plethora of nineteenth century medical theories surrounding coffee drinking,⁶¹ the most evident and most straightforward – for a twenty-first century reader – advantage was that, in order to prepare coffee, water necessarily had to be boiled,⁶² which sterilised and purified the often poor quality water that people were forced to drink in Algeria. It is clear that certain diseases caused by the consumption of contaminated water, such as dysentery, could, through the consumption of coffee, be mitigated to some degree. Doctor Auguste Penilleau, for example, stated triumphantly in his 1864 *Study on Coffee*: “Since the military administration, on the counsel of the doctors, gave to our soldiers in Africa [i. e. Algeria] a ration of coffee, our troops are no longer decimated by epidemics of dysentery, nor by intermittent fevers.”⁶³ Penilleau, however, did not directly connect this clear success of colonial medicine to the boiling of the water.

However, other medical experts insisted on the fact that coffee had to be boiled in order to have its astonishing medical effects. The aforementioned doctor and hygienist Apollinaire Bouchardat, for example, described in 1883 that the boiling of water was necessary in all kinds of colonial contexts and added that, consequently, coffee had a double positive action on coffee drinkers: the “immediate principles contained in tea and coffee”, in other words the stimulation resulting from the substance coffee itself, and the boiling of the water.⁶⁴ Later on in his treatise, Bouchardat again divided the advantages of coffee into two parts, specifying that “in countries with fever, coffee has a double utility, that of purifying the drinking water and of strengthening the body against the action of the emanations of the marshes”,⁶⁵ that is against miasmas. This assumed, or at least hoped for, protection from fever-based diseases through coffee had, in the minds of colonial medical experts, by far the widest-reaching consequences.⁶⁶ This specific benefit of coffee has to be seen in the context of the theory of miasmas influencing the health of people, a theory, which had been originally proposed by Hippocrates and Galen⁶⁷ and which survived until the mid-nineteenth century. The miasma theory tried to explain the spread of epidemic diseases before the discovery

60 Ibid., 356.

61 Coffee was, for example, regularly described as facilitating the digestion. *Octave Saint-Vel*, *Hygiène des Européens dans les climats tropicaux, des créoles et des races colorées dans les pays tempérés*, Paris 1872, 45–46; *Rossignol*, *Traité*, 383; *Thomas*, *Notions*, 86; *Bouchardat*, *Manuel*, 304.

62 *Laveran*, *Traité*, 281.

63 *Penilleau*, *Étude*, 76.

64 *Bouchardat*, *Traité*, 193; *ibid.*, 360, 858.

65 *Ibid.*, 360.

66 The febrifugal properties of coffee were discussed by a variety of authors. See *Fauré*, *Causeries*, 51; *Bertherand*, *Hygiène*, 24–25; *Ravenez*, *Vie*, 184.

67 *John B. Osborne*, *The Lancaster County Cholera Epidemic of 1854 and the Challenge to the Miasma Theory of Disease*, in: *The Pennsylvania Magazine of History and Biography* 133 (2009) 1, 5–28, 8.

of bacteria and postulated that certain diseases, such as cholera and malaria – which means ‘bad air’ and therefore has its miasmatic origin already in its name –, were transferred through foul and poisonous air.

Miasmas were not only believed to transfer diseases from one patient to the next, they were also feared to be an actual source of disease. The historian John Osborne summarised this in 2009 as follows: “By the eighteenth century, this belief had been refined into the theory that epidemic diseases were caused by environmental conditions, such as noxious gasses emanating from human wastes, unhygienic living conditions, rotting animal and vegetable matter, and swamps.”⁶⁸ In the context of nineteenth century Algeria, it was specifically the odours from the Algerian marshes which were suspected to cause fevers. Doctor Eugène Celle, for example, explained in his 1848 book on *Practical Hygiene* that drinking strong coffee was “most useful to the man living in hot and marshy countries”,⁶⁹ because coffee was “actually a very precious eliminatory agent in countries infected by miasmas”.⁷⁰

Malaria was possibly the most dangerous of these miasma-based disorders in the French colonies. The historian William B. Cohen cited in his 1983 article on *Malaria and French Imperialism* the shockingly high mortality rates among French soldiers during the early colonisation of Algeria, and explained that the main reason for the high mortality rate was malaria, yet the French only started to use quinine, which had proved to be very effective in British colonies, as a prophylaxis against malaria after World War II.⁷¹ Cohen explained this as follows: “On the whole French medical authorities did not believe in the prophylactic qualities of quinine. Quinine was down-played as a preventative for malaria and instead abstinence from sex, drink, hard labour and the use of regular exercise, rest, and good hygiene were recommended.”⁷²

One of these other remedies that French doctors experimented with, which Cohen did not allude to in this list, was the consumption of coffee, a belief that had been attributed to Baron Larrey, who had believed in the anti-malarial properties of coffee during Napoleon’s Expedition to Egypt and who had first distributed coffee rations to French soldiers. The prophylactic effect of coffee on malaria was never directly explained in the sources, but it was probably connected to the assumption that malaria was caused by miasmas, which could possibly be understood to be dispellable by coffee’s strong smell and taste. Other authors vaguely connected coffee’s anti-malarial action to its reputation as a tonic, thus protecting soldiers’ bodies from malaria through providing the extra vigour needed to fight off diseases. Doctor Charles Viry, for example, claimed in his 1886 handbook that coffee was distributed to the troops in Algeria, “because it

68 Ibid.

69 Celle, *Hygiène*, 342; see also *Marit*, *Hygiène*, 354–355.

70 Celle, *Hygiène*, 343; see also *Jousset*, *Traité*, 381–382; *Bouchardat*, *Traité*, 1059.

71 William Benjamin Cohen, *Malaria and French Imperialism*, in: *The Journal of African History* 24 (1983) 1, 23–36, 23–25. Doctor Octave *Saint-Vel* stated in 1872: “Mr Rufz [Étienne Rufz de Lavison, 1806–1884] attributed other properties to coffee; those of preventing fevers and of constituting, in their treatment and their recovery, one of the best substitutes for quinine.” *Saint-Vel*, *Hygiène*, 46. This belief was also mentioned in some English publications. The British doctor Isaac Burney Yeo, for example, wrote in 1890: “It [coffee] has been said to afford some protection against malaria.” *Isaac Burney Yeo*, *Food in Health and Disease*, Philadelphia 1890, 116.

72 Cohen, *Malaria*, 26.

is especially in hot and marshy countries that it [coffee] is useful: it makes man less susceptible to the action of malarial miasmas and helps him withstand the heat.”⁷³ In this specific context, coffee supposedly made the soldiers “less susceptible” to the miasmas by making them physically hardier.

Only one of the authors studied for this article speculated on the precise effects of coffee on bodies suffering from fevers caused by miasmatic marshes, by which he probably meant malaria. Doctor Jacques Rossignol proposed in 1857 three possible explanations for how coffee might have acted on the bodies of its consumers: “It is especially in marshy countries that coffee is useful and produces excellent effects, either because it activates through its stimulating action the functions of the skin, or because it produces through its bitter principles a tonic and febrifugal effect, or, finally, because it has an unknown property, which mitigates the influence of marshy smells.”⁷⁴ This last formulation best summarises contemporary French colonial theories on the action of coffee. Even if the exact, assumed action is not reconstructable from the sources, it is clear that many colonial doctors believed coffee to be a good preventative of malarial fever, especially in Algeria, and consequently recommended it to European settlers. Despite not being able to exactly explain coffee’s action, Rossignol himself also wrote that “it is undisputed that the use of this substance [coffee] makes man less susceptible to malarial action. We know how favourable it is to the troops which occupy Algeria.”⁷⁵

The theory of miasmas causing malaria was eventually dismissed, and the person responsible for discovering the malarial plasmodia (*Plasmodium malariae*) in a patient’s blood sample in November 1880 was Doctor Alphonse Laveran. Laveran mentioned, casually, 16 years after his seminal discovery, that Baron Larrey had initially introduced a coffee ration into the army “as a preventative of malarial fever”, a measure which he had significantly discredited by helping to detach malaria from the miasma theory, and added: “The services that coffee has rendered our soldiers during the campaigns in the Crimea, in Italy, Mexico, Tonkin, those that it [coffee] has rendered and still renders in the African Army [i. e. in Algeria] are considerable.”⁷⁶ Considering that Laveran could not yet know in 1896 that the Anopheles mosquito transferred the plasmodia he had detected – which was discovered by Ronald Ross in 1897 – it is technically possible that he assumed coffee to have some other, non-miasma-based form of influence on malaria. It should also be noted that the discovery of the malaria parasite did not mean that the belief in miasmas causing malaria immediately disappeared from French medicine, as shown by the fact that Ladreit de Lacharrière and Joltrain still described “malarial miasma” in 1902, 22 years after Laveran’s discovery.⁷⁷

Summarising the medical consequences that coffee drinking allegedly had on male European bodies in Algeria, we can say that coffee appears to be almost omnipotent in

⁷³ Viry, Manuel, 152. Almost exactly the same sentiment was echoed in a 1902 monograph by Ladreit de Lacharrière and Joltrain, in which they stated: “Among the soldiers, it [coffee] also has a beneficial effect, particularly in hot and marshy countries, by making him [the soldier] less susceptible to the action of malarial miasmas and by helping him withstand the heat.” *Ladreit de Lacharrière/Joltrain, Que doit-on boire*, 32.

⁷⁴ Rossignol, *Traité*, 384.

⁷⁵ *Ibid.*

⁷⁶ Laveran, *Traité*, 282.

⁷⁷ *Ladreit de Lacharrière/Joltrain, Que doit-on boire*, 32.

these colonial medical publications. According to these handbooks for settlers, coffee simultaneously invigorated the bodies, strengthened the health and stimulated the minds of European men in Algeria. Even though the explanations for these beneficial properties of coffee remained extremely vague in the handbooks, European settlers must have believed after their study of these medical recommendations that they could only profit from coffee drinking.

3. A Culture of Idleness

As discussed in the introduction, there was never a question of coffee being a purely French drink, consumed only by the European settlers in Algeria, for it was generally accepted that it had been widely consumed in Algeria before the French conquest.⁷⁸ Indeed, the coffee drinking of the colonised North Africans was documented by French authors – doctors, settlers and travellers alike – covering the whole colonial period.⁷⁹ Some authors even observed that the coffee consumption of the Algerian Muslims was excessive.⁸⁰

Such descriptions of Algerian Muslim men consuming (too much) coffee must always be understood as an implicit comparison with the coffee consumption of French men, through which the colonised were constructed as being inherently different from Europeans. The coffee consumption of the French was seen as the normal way of drinking coffee, thus differences in descriptions of drinking habits of Algerian Muslims reveal the colonial stance towards the colonised. This discourse of a medical imperative in the choice of coffee, and of a physical and intellectual superiority gained through its consumption, was completely lacking in the texts describing Algerian Muslim coffee drinkers. The context of drinking shifted from a medico-military analysis of experts aiming to preserve a settler colony to pejorative Orientalist observations of the manners of the ‘primitives’. Consequently, accounts of the effects of coffee drinking on the bodies of Algerian Muslims differed greatly from those describing French coffee drinkers.

Given the lack of explanations in the source material, it is difficult to construct colonial justifications for the different effects of coffee. Part of the colonial explanation seems to have been connected to the preparation of coffee itself, which differed between Europeans and Muslims. The French way of preparation, as an infusion, consisted of boiling the water and subsequently flavouring the water with ground coffee.

78 Edmond Sergent, for example, wrote in a 1941 article that: “The Algerian Natives have been drinking coffee (قهوة qahoua) since the beginning of the seventeenth century.” *Edmond Sergent, Novcité de la décoction de thé noir et innocuité de l’infusion de thé vert en usage dans l’Afrique du Nord. Recherches expérimentales*, in: *Archives de l’Institut Pasteur d’Algérie* 19 (1941) 4, 405–420, 405.

79 Many of the handbooks for settlers mentioned the established, traditional coffee consumption of Algerian Muslim men. See *Laveran, Traité*, 281; *Marit, Hygiène*, 353; *Jousset, Traité*, 382; *Lemanski, Hygiène*, 98.

80 Henri Duchêne-Marullaz, for example, wrote in his 1905 medical thesis on *Hygiene among Algerian Muslims*: “The quantity of coffee absorbed by a native is excessive. [...] In the Moorish café, for 1 sou they will bring the native a cup half filled with sugar cubes (because he loves sugar) and a small full pot of coffee.” *Henri Duchêne-Marullaz, L’hygiène des musulmans d’Algérie*, Med. thesis, University of Lyon 1905, 67.

The Algerian way, a decoction, was described in the medical publications analysed for this article as pouring finely ground coffee into water and then heating the water without actually boiling it.⁸¹ Because of this lack of ebullition, but also because of other, more vague reasons, decoctions of coffee were sometimes thought to lead to a less hygienic drink. Doctor Louis Guiraud, for example, stated in his 1904 *Practical Manual of Hygiene*: “In our countries, we usually prepare coffee as an infusion. In the Orient, on the other hand, the coffee powder is boiled with water, and it is this decoction, powder and liquid, that they drink. This method of preparation takes away, it seems, from coffee its stimulating properties.”⁸² Both the energising results of coffee drinking and the effects of coffee as a febrifugal ‘drug’ were vaguely explained through stimulation, as discussed above. By wrongly preparing coffee, the ‘Orientals’ deprived themselves of its therapeutic and prophylactic advantages.

Not all observed differences concerning the effects coffee had on drinkers were connected to the manner of its preparation. Most differences were explained through ‘race’. Nineteenth century colonial doctors commonly supposed that ‘race’ had a more or less direct influence on character traits and thus frequently described the effect of ‘race’ on the choice of drink, drinking habits and consequences of drinking.⁸³ The aforementioned doctor, Michel Lévy, for example, claimed in 1879 that the “Southern populations”, among which he counted Egyptians, Turks and Armenians, “have an almost instinctive taste for coffee”.⁸⁴ Lévy’s descriptive vocabulary is telling, as it shows that the choice of coffee as the preferred beverage among non-French populations was attributed to an unsophisticated and primitive “instinct”, while coffee was constructed as being both a reasonable and a reason-enhancing drink when consumed by the French. While Europeans in nineteenth century Algeria drank coffee because it had been recommended and sanctioned by medical experts, the fondness of Algerian Muslims for coffee was explained via general, racialised statements about the habits of almost anyone that was not French.

Many French doctors focused on the temporal omnipresence of coffee among ‘the natives’ in their publications, lamenting that Muslim Algerians had no demarcated time for their coffee consumption.⁸⁵ In French eyes, this lack of drinking etiquette was morally deplorable, especially the lack of a fixed ‘coffee time’ which was seen as having severe consequences on both the quality and the quantity of the labour force of the colonised. The French settlers and soldiers drank coffee in the mornings and after meals, but not usually at any other times, if we are to believe the highly normative medical handbooks

81 *Navarre*, Manuel, 352; *Rochard*, Traité, 725; *Rouquié*, Étude, 58.

82 *Guiraud*, Manuel, 734.

83 The choice of beverages was very often explained through a mix of geography and ‘race’, and this did not end with the nineteenth century. The Swiss doctor and pharmacologist Franz Gross, for example, wrote in an article about tea, published in January 1949: “We have had occasion to allude to geographic and racial particularities. People of a lively temperament (Arabs, Turks, Egyptians, the Latin people) prefer coffee, unlike the Chinese, Japanese, Russians and English.” *Franz Gross*, Pharmacodynamie du thé, in: *Revue Ciba* 71 (1949) 2503–2508, 2508.

84 *Lévy*, Traité, vol. 1, 884.

85 See *Armand*, Médecine, 476.

for settlers and reports and memoirs by military doctors.⁸⁶ The coffee consumption of the colonised Algerian Muslim men, however, was often put into the context of a culture defined by laziness and a lack of organisation, in direct contrast with the structured coffee drinking of the French, which was seen to enhance the performance of both manual and intellectual workers. Doctor A.-E.-Victor Martin, for example, reported in his 1847 handbook that Algerian Muslim men drank a lot of coffee and smoked tobacco, and added: “These habits, in combination with their taste for immobility and the carelessness of their character, are the secret of their sometimes truly fabulous sobriety.”⁸⁷

While it was believed that the colonised drank coffee at all times of the day, the majority of nineteenth century medical sources suggested that Muslim Algerian men consumed coffee in only one specific place: the Moorish coffeehouse.⁸⁸ Martin’s “taste for immobility” and the “carelessness of their character” were embodied through the image of Algerian Muslim men sitting in coffeehouses all day long, carelessly chatting, drinking coffee and smoking. In his 1990 article on the “Moorish Coffeehouse” in Algeria between the eighteenth and the twentieth centuries, the historian Omar Carlier argued that in Algeria the “mystical coffeehouse of the Orientals” was contrasted with the “rationalist coffeehouse of the Occidentals”.⁸⁹ This clear separation of Algerian Muslims and Europeans not only applied to the spaces of coffee consumption, but also to descriptions of both the social habits surrounding coffee drinking and its consequences on bodies and minds. As discussed above, the discourse on European coffee consumption was full of military metaphors about stimulation, energy, and masculinity, while the discourse on Algerian Muslims consuming coffee consisted mainly of allusions to leisure, taste and social enjoyment.

Descriptions of Muslim men leisurely drinking coffee in traditional coffeehouses soon became a trope in all kinds of colonial literature. Many medical experts, such as Adolphe Armand in his 1859 book *Medicine and Hygiene of Hot Countries*, essentially viewed the habit of Algerian Muslims visiting the coffeehouse as a waste of time and productivity:

“The Moorish coffee [...] is the favourite drink of the Arab; he takes it in the morning, he takes it in the afternoon, he takes it in the evening, in small cups, sometimes in equal number to the pipes that he smokes, squatting in the Brahman position on reed mats spread out in the shop of the caouadji [the coffee seller]. The idle Moor, and that he is often, passes 4/5 of his dreamy existence, savouring in turn the aroma of his kaoua [coffee] and the musky puffs of his chibouque [pipe] and his *cepsi* [pipe], which he makes even more intoxicating by [adding] opium and hashish.”⁹⁰

⁸⁶ See *Thomas*, *Notions*, 86–87; *Penilleau*, *Étude*, 79; *Bertherand*, *Hygiène*, 20; *Viry*, *Manuel*, 152–153; *Laveran*, *Traité*, 282.

⁸⁷ *Martin*, *Manuel*, 92–93.

⁸⁸ French doctors sometimes commented on Muslim women in traditional coffeehouses in Algeria, drinking coffee, but invariably described them as singers, dancers or sex workers. See *Emile Laurent*, *Prostitution et dégénérescence*, in: *Annales Médico-Psychologiques* 10 (1899), 353–381, 376.

⁸⁹ *Carlier*, *Café maure*, 978.

⁹⁰ *Armand*, *Médecine*, 476. Emphasis in the original. See also *Marit*, *Hygiène*, 342. For a very similar description of coffee and tobacco/hashish consumption in Morocco by a French doctor, see *A. Marcet*, *Le Maroc. Voyage d’une mission française à la cour du Sultan*, Paris 1885, 11–12.

The Algerian coffeehouse was reduced to a place of uncontrolled languor – open at all times and full of lethargic, drugged Muslim men – by many colonial authors.⁹¹ This notion was connected to the suspicion that Muslim Algerians spent unreasonable portions of their lives – “4/5 of his dreamy existence” – idle and unproductive, a vision both feared and maligned by many of the French farmers and factory owners, whose livelihood depended on their local workforce. For the colonial doctors, who worked towards preserving the colony, the idea of Algerian Muslim men spending their life in coffeehouses, instead of being industrious in the service of France, was an alarming prospect.⁹²

These descriptions of Algerian Muslim men drinking in traditional coffeehouses include none of the qualities – an increase in strength, productivity and reason – that were highlighted in the medical manuals that recommended coffee to European men in Algeria. On the contrary, one of the main effects that coffee had on the bodies of the Algerian Muslims, according to nineteenth century French medical reports, was enhancing a specific laziness and lethargy that many suspected was inherent in the whole ‘race’.⁹³

4. Unreasonable Sobriety?

Not all colonial accounts framed the drinking habits of the colonised as worse than those of the colonisers. In the medical handbooks for European settlers, the recommendations of coffee as a provider of physical strength in the hot climate of North Africa were often justified by comparisons with the effects that coffee consumption had on the bodies of Algerian Muslim men. In this specific context, these men were construed as ‘noble savages’, in that they were understood to be stronger, more frugal and resilient than Europeans. Doctor Auguste Penilleau, for example, stated in 1864 that one of coffee’s advantages could be observed in the energy that “the Arabs and Turks take from it when travelling, who with some cups of coffee can support seven to eight hours of walking”.⁹⁴ For Penilleau, the coffee consumption of Algerian Muslims therefore constituted, because of its association with sobriety, frugality and endurance, something that the Europeans should emulate, in order for them to better survive in Algeria.⁹⁵

91 On the coffeehouse as a place of sociability, see *Carlier*, *Café maure*.

92 These interlinking fears about productivity and drinking habits in the colonial Maghreb can also be seen in the context of other drinks, such as tea and absinthe. See *Nina S. Studer*, “Was trinkt der zivilisierte Mensch?” Teekonsum und morbide Normalität im kolonialen Maghreb, in: *Schweizerische Zeitschrift für Geschichte* 64 (2014) 3, 406–424.

93 As previously mentioned, however, some French doctors believed that coffee was the only means of staving off what they perceived to be an innate lethargy of the Arabs. See *Marit*, *Hygiène*, 356.

94 *Penilleau*, *Étude*, 52. Penilleau also stated: “We know how sober the people are who make a great use of coffee; the prodigious abstinence of the caravans, the so little nutritious diet of the Arab nations, show the effects that can be attributed to this beverage.” *Ibid.*, 70. See also *Marit*, *Hygiène*, 337–338.

95 Not all French doctors in Algeria, however, viewed the allegedly complete sobriety among the Muslim population to be a positive trait. Most of the medical handbooks for European settlers in Al-

The Islamic prohibition of alcohol was something that French colonial writers were aware of, and a number of them connected the Qur'anic prohibition of alcohol with a completely anachronistic belief in a Qur'anic recommendation of coffee.⁹⁶ Doctor Calixte Pagès, for example, claimed in 1903 that: "In hot climates, it [coffee] is convenient because the other [alcoholic] liquors are not: Mahomet recommended the use of it wisely in the Coran [...]."⁹⁷

Other authors argued that the prohibition of alcohol in the Qur'an – while unconnected to recommendations of coffee – had necessarily led Muslims to search for other stimulating beverages, and that this search for religiously accepted alternative stimulants had led them to the adoption of coffee as their drink of choice. While moderate amounts of alcohol – of wine, beer and cider – were usually recommended in these settler handbooks,⁹⁸ some colonial army doctors saw military sobriety as an important goal, especially in the Algerian climate and during a colonial war. They recommended the consumption of coffee to the troops as a means of combating alcoholism, coffee being perceived as an appropriate *ersatz* for alcohol. In this context, the coffee consumption of the colonised Algerians was contrasted with the excessive alcohol consumption of European soldiers and settlers,⁹⁹ especially with that of absinthe, which symbolised *piéd-noir* drinking culture for many French medical observers. These army doctors believed that a wider adoption of coffee would eventually replace – and not merely complement – the excessive consumption of absinthe and other strong forms of alcohol. This hope of being able to successfully combat absinthism – the pathological overconsumption of absinthe – with coffee was often explicit in the sources. Doctor Penilleau, for example, claimed in 1864:

“Baron Larrey said that one of the valuable effects of coffee in Africa is that it tends to weaken, but not to neutralise, the harmful effects of absinthe [...]. It would be desirable that this habit imported from Africa [i. e. Algeria] spreads [in France], it would have the double advantage of supporting the alimentation of the soldier and of preventing him from indulging in alcoholic liquors, which wreak so much havoc among this so interesting class of society.”¹⁰⁰

While it is tempting to see this as an endorsement of an aspect of Algerian culture – Muslim sobriety personified by their coffee consumption – Penilleau was not alluding

geria recommended not abstinence from alcohol but instead the moderate use of wine. See *Rossignol*, *Traité*, 210; *Armand*, *Médecine*, 477; *Marcaillou D'Aymeric*, *Manuel*, 16.

96 See *Fauré*, *Causeries*, 47–48. Colonial authors who saw the origins of Muslim coffee consumption in a recommendation voiced either in the Qur'an or by Muḥammad himself, were clearly not aware of the debates in Islamic law about the suitability of coffee as a drink, given its stimulating properties. On these debates, see *Hattox*, *Coffee*, ix, 114–115; *Victor Henry Mair/Erling Hoh*, *The True History of Tea*, London 2009, 12.

97 *Pagès*, *Hygiène*, 267.

98 *Martin*, *Manuel*, 203; *Feuillet*, *Colons algériens*, 28.

99 It should be noted here that the same sources also deplored the rising absinthe consumption among the Muslim North Africans. On this topic, see also *Nina S. Studer*, *The Green Fairy in the Maghreb. Absinthe, Guilt and Cultural Assimilation in French Colonial Medicine*, in: *The Maghreb Review* 40 (2015) 4, 493–508.

100 *Penilleau*, *Étude*, 79.

to the coffee consumption of the colonised in this paragraph.¹⁰¹ Here, Penilleau specifically referred to the coffee consumption among French soldiers in “Africa”, which had been encouraged by military doctors, which increased and which he hoped would eventually replace the raging absinthism in the army.

Such comments must be seen in the context of the struggles of the French temperance movements that started to emerge in the second half of the nineteenth century, but that remained unpopular in France and its colonies.¹⁰² Doctor Rouby, for example, in an 1895 paper on *Alcoholism in France and Algeria* connected the coffee and tea consumption of Algerian Muslims directly with the ideals propagated by the temperance movement. He stated: “They [the Arabs] drink coffee and tea in large quantities. One can say that among the Arabs, for a long time, the temperance cafés have been established that Mr Ladame would like to see established in France and throughout Europe”.¹⁰³ Rouby further added that alcoholism could only be reduced by a combination of strict laws prohibiting the consumption of certain drinks and the offer of an attractive, healthy alternative: “if they [alcoholic drinks] must be replaced with healthy cheap drinks, the thing is all done in Algeria: for an average of five cents, you are offered, in the Arab cafés, excellent tea and excellent coffee: it would be sufficient if the latter were filtered, in order for everything to be perfect.”¹⁰⁴ It should be noted that, unlike Penilleau, Rouby expressly did not refer to the coffee consumption of French soldiers in his description of “healthy cheap” alternatives to alcohol available in Algeria. In his view, coffee and tea were “Arab” drinks, disconnected from the European settlers and soldiers living in Algeria, and thus saw it as a habit that the French should adopt from the colonised. In this, Rouby contradicted the traditional views of colonial medicine discussed above, which portrayed coffee as above all a French drink.

Most medical authors, however, voiced the opinion that abstinence was only something desirable in the colonies, alluding to the common theory that, due to the differences in climate, alcohol was more dangerous in colonial contexts than in France itself. These authors, such as Alexandre Rouquié in his 1901 medical dissertation *Colonial Study on Tunis*, compared the drinking habits of Muslim North Africans to the alcoholism prevalent among the European settlers: “The caoua [coffee] of the Arabs is their national drink and is an integral part of their modest meals; this is an excellent practice, sheltering the natives from the dangers of alcoholism and explaining, in part, the vitality of their race, despite the flaws that it [the Arab ‘race’] is affected with. The

101 In other parts of his *Study on Coffee*, however, Penilleau commented positively on the sobriety of “Arabs and Turks”, as discussed above. Penilleau, *Étude*, 52, 70.

102 On the history of the French temperance movement, see Patricia E. Prestwich, *Temperance in France. The Curious Case of Absinth*, in: *Historical Reflections/Réflexions Historiques* 6 (1979) 2, 301–319; Patricia E. Prestwich, *French Workers and the Temperance Movement*, in: *International Review of Social History* 25 (1980) 1, 35–52; Claude Quézel/Jean-Yves Simon, *L’aliénation alcoolique en France (XIXe siècle et 1ère moitié du XXe siècle)*, in: *Histoire, Économie et Société* (1988) 4, 507–533. For a discussion of temperance in French colonies, see Owen White, *Drunken States. Temperance and French Rule in Cote D’Ivoire, 1908–1916*, in: *Journal of Social History* 40 (2007) 3, 663–684.

103 Paul-Louis Ladame was a Swiss neurologist (1842–1919).

104 Rouby, *De l’alcoolisme en France et en Algérie*, in: *Congrès des Médecins Aliénistes et Neurologistes de France et des Pays de Langue Française*, Paris 1895, 237–250, 240.

general use of coffee as a beverage among the Europeans would be desirable to combat alcoholism, the ravages of which are much more to be feared in hot countries.”¹⁰⁵

Even though Rouquié deemed the sobriety of Muslims to be both positive and worthy of emulation among French settlers, the picture drawn of Muslims, in his case of Tunisian Arab men, is one of a deeply “flawed race” surviving almost in spite of itself by having chanced upon coffee. While this was seen to be positive both for individuals and society, coffee itself was not constructed as having a measurably positive physical influence. Instead of coffee being framed as a form of medicine, comparable to the recommendations of coffee in the handbooks for European settlers, it was the absence of the negative physical influence of alcohol among Muslims that was discussed in the sources.

The negative consequences that coffee drinking allegedly had on the Algerian Muslims, however, did not stop the French from selling and promoting coffee. France was, after all, not only a nation of coffee drinkers, but thanks to its colonies – such as Réunion, Martinique and Guadeloupe in the nineteenth century¹⁰⁶ –, also a nation of coffee producers. Despite all the reservations that the French might have had towards the coffee consumption of the colonised, they wanted to sell their coffee to the Algerians. Consequently, other drinks, such as tea, which were not produced by the French, were often more harshly judged than coffee and not as unequivocally recommended.¹⁰⁷ The ‘fact’ that Algerian Muslim men consumed wrongly prepared coffee, at the wrong time, in the wrong places and for the wrong reasons did not hinder the sale of coffee – France’s financial interests prevailed.

5. Conclusions: The Colonial Dichotomy of Coffee Consumption

In this article, medical recommendations of coffee drinking in handbooks aimed at European settlers in Algeria have been traced and compared with medical descriptions of the coffee consumption of Algerian Muslim men. These sources clearly depict a reality where coffee was consumed by large sections of both the colonised and the colonising population. This article therefore analysed an essentially shared consumption, even though the colonial doctors described it as anything but shared. The fact that European men and Algerian Muslim men consumed the same drink was usually not discussed in the source material, and when this shared consumption was mentioned, the different ways of consumption or preparation, as well as the different physical and intellectual consequences of the consumption, were highlighted in the texts. The focus on these perceived differences made it almost appear like French coffee and Algerian coffee were two different drinks. Coffee was seen to have vastly different effects on European and Muslim bodies (energy and health vs. languor). Even the choice

¹⁰⁵ Rouquié, *Étude*, 58.

¹⁰⁶ Marie Hardy, *Le déclin du café à la Martinique au XIXe siècle*, in: *Bulletin de la Société d’Histoire de la Guadeloupe* (2012) 161–162, 103–121; Martin Krieger, *Kaffee. Geschichte eines Genussmittels*, Köln – Weimar – Wien 2011, 141, 195.

¹⁰⁷ Ernest Monin, *L’hygiène de l’estomac. Guide pratique de l’alimentation*, Paris 1895, 375; Pagès, *Hygiène*, 265.

of coffee itself was, allegedly, subject to different motivations, namely hygiene and reason for the former, taste and religion for the latter. Nevertheless, these markedly different outcomes of coffee drinking, that supposedly made the French more alert while making Algerian Muslims more lethargic, were never addressed, explained or even contrasted by French medical authors.

The idiosyncratic discourse on French settlers, and particularly French soldiers, acquiring a heightened masculinity through coffee consumption has to be seen in the context of colonial descriptions of the effects that coffee drinking allegedly had on the Muslim colonised. The medical handbooks for settlers had the goal of enabling Europeans to better survive the ‘hostile’ environment of Algeria and provide them with physical and intellectual advantages over the colonised. The descriptions of Muslim coffee drinkers, by contrast, ranged from a deplored excessiveness and idleness to a rather grudgingly admired sobriety. Importantly French doctors highlighted in their publications that this Muslim sobriety through coffee was somewhat accidental or undeserved, as it was not due to scientific reasoning and a rational assessment but a result of Muslims merely adhering to religious rules. These descriptions of the coffee consumption of the Algerian Muslims illustrate how difference was used in colonial contexts. The idea of Muslims being innately idle, and this idleness being further cultivated in coffeehouses, encapsulated a broader, negative view of Muslim society and contrasted it with the supposedly superior ways of contemporary France. This discourse embodied all those attributes – unproductivity, excessiveness, languor – that France had supposedly left behind when it attained the level of civilisation it was at during the 1840s to 1890s, and that France tried to expunge among its colonised workers. Muslim men drinking coffee were never described with these qualities of an idealised masculinity that was so prevalent in reports of European male coffee drinkers in the colonies.

Medical opinion was not unanimous on these topics. Some colonial doctors believed that Muslim sobriety, through coffee consumption, was something that the French should emulate. Yet this sobriety of the Algerian colonised was shown to be somewhat irrational, as their decision to abstain from alcohol was not motivated by reason but religion. Indeed, reason was so closely connected to coffee in the understanding of nineteenth century French doctors that the question of reasonability can be found in almost all aspects of the discourse on coffee in Algeria. Coffee consumption was discursively divided into a realm of rationality (the French drinking coffee for reasons of hygiene and, thus, for the benefit of the individual and the continued existence of the colonial mission) and one of irrationality (the Algerian Muslims drinking it despite the negative effects it had on their ability to work). This effectively turned the famous ‘drink of reason’ into a ‘drink of unreason’ when consumed by the colonial ‘other’.

Ultimately, these variances in preparation, consumption, justification and effects were details in a broader picture of inherent difference between colonisers and colonised, between Europeans and ‘Arabs’, between the secular French and Muslims that the publications of nineteenth century French doctors so clearly reflected. The ‘fact’ of different physical and intellectual consequences among European and Algerian Muslim coffee drinkers fitted contemporary theories of biological or scientific racism prevalent during this time period, which embodied the idea of bodies of different ‘races’ being

dissimilar enough for them to react completely differently to external influences, such as diseases, climates or, in this case, drinks. While theories of a biological difference through 'race' were clearly behind some of the negative comparisons made between the coffee consumption of Europeans and Muslim Algerians, this causal connection was rarely explicitly mentioned. Nevertheless, this case study on the discourse surrounding coffee consumption during the first half of the colonisation of Algeria has set out how deep the pathologisation of the society of the colonised really went. The construction of the colonised as the 'other' functioned even in cases where colonisers and colonised literally consumed the same drink.

Abstract:

French colonial doctors writing about nineteenth century Algeria portrayed coffee as a hygienic drink, which protected and stimulated French soldiers and settlers in the hostile climate. Doctors therefore advocated the distribution of coffee to soldiers because it was seen as advantageous to France's colonisation of the region. By contrast, when Algerian Muslims drank coffee, they were described in the same source material as lethargic and overly sociable. The history of coffee in colonial Algeria should be seen as a case study of a shared consumption between colonisers and colonised, yet one with vastly different outcomes.

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