

Unreasonable Rule

by Antoine Perrier

Historian Guillaume Lachenal set off on the trail of Dr David, in post in Wallis and Futuna and then Cameroon in the interwar period. Through the life of this little known figure, Lachenal's investigation highlights the authoritarian excesses of colonial medicine.

*Reviewed: Guillaume Lachenal, *Le Médecin qui voulut être roi. Sur les traces d'une utopie coloniale* (Paris: Seuil, 'L'univers historique', 2017), 353 p., 24 €.*

Cameroonian philosopher Achille Mbembé referred to the colonial period as an 'utterly baroque and ridiculous circus'. Historian Guillaume Lachenal takes up this expression and illustrates it through the life of Dr David, doctor-administrator of the protectorate of Wallis and Futuna (1933-1938) and then of the Haut-Nyong region in Cameroon (1939-1944). David was known as King and then Emperor in these colonies and had unlimited power to transform them as he pleased. Lachenal's inquiry retracing the steps of his extravagant enterprise testifies to the capricious and irrational side to colonisation. Based on a borderline case, the study – by a specialist in the history of medicine in Africa¹ – is a contribution to the history of colonisation's 'emancipatory mission' (p. 12) and the history of the European medical profession in the early twentieth century. The aspirations of the colonial officers in the medical corps reflect the painful contradictions of the coloniser's emancipatory vocation and the very specific relationship of doctors to power.

The book departs from pure academic demonstration: one of its unconventional aspects, which in fact determines all the others, is the decision to recount a 'ludic trip' (p. 17) retracing Dr David's footsteps. G. Lachenal completes the work begun by Cameroonian historian Wang Sonné, who studied the physician in 1996,² by extending his initial research

¹ Guillaume Lachenal, *Le médicament qui devait sauver l'Afrique. Un scandale pharmaceutique aux colonies* (Paris: La Découverte, 2014).

² Wang Sonné, 'Approche historique de la gestion de la Région médicale du Haut-Nyong (Cameroun), 1939-1949', in Antonio Guerci (ed.), *Treating Illness: Historical Routes* (Genoa: Erga Edizione, 1998).

in the field. The book switches between strictly historical narration, personal accounts of the author's investigation in Cameroon and Wallis, and interviews with witnesses to Dr David's 'reign', with a view to excavating the past in the present. This choice is sometimes disconcerting when it seems to serve as a substitute for archival analysis, but it has the advantage of showcasing the complex relationship colonial history has to its own traces. The author does not disconnect historical reflection from its current resonance, yet avoids psychologising readings. The course of the investigation also reverses the chronological perspective: like the author, the reader first discovers Dr David's experience in Cameroon and then his past in Wallis.

This surprising reversal has the advantage of showing two very different sides to Dr David, suave African philanthropist in the early 1940s and whip-wielding brute in the Pacific 10 years earlier. It reminds us that historical actors are not always coherent entities but made up of different facets. However, going back in time precludes reflection on the doctor's growing body of experiences and how they were then successfully redeployed in new ways – and yet these are decisive learning processes in a colonial officer's career. For the reader, piecing together the unity of the two periods is sometimes difficult. However, taken together, they allow two salient observations, the first regarding the 1930s as a unique moment in colonisation and the second regarding styles of authority in these two regions.

Colonies Justified by Works

David's experience reveals the specificities of two forms of colonisation that gained new ground after WWI: the mandate and the protectorate. After the disillusion of the great war, the French colonial power tried to give its empire a new lease of life by justifying colonisation to an ever more hostile world through its works. This aim was in fact inherent to the 'mandate', renowned as being a product of redefined international power relations.³ This form of colonisation, framed as provisional and light-handed, was presented as more virtuous and more respectful of local societies and authorities. In the context of this humanist colonialism, medicine 'framed itself as the yardstick of the colonial system and its benevolence' (p. 29) and was therefore part of this principled approach.

David seemed to be the perfect man for the job: trained in the army's health services until 1929, the doctor already had solid experience as an administrator-physician at the head of Wallis and Futuna. His mission was first and foremost diplomatic: the League of Nations placed German Cameroon under French control after its victory in 1918. For France, entrusting a 'medical region' to David was a way of championing the prophylactic cause and quelling Germany's ambitions of reclaiming its protectorate. The region was badly affected by

³ Susan Pedersen, *The Guardians, The League of Nations and the Crisis of Empire* (Oxford: Oxford University Press, 2015).

the sleeping sickness epidemic and Dr David intended to reorganise colonial society such as to prevent and eradicate the illness. Freed from the yoke of punctilious and thrifty administrators, the doctors' government subjected the Cameroonian people to a new discipline of health. Standards of living were to improve, children to be schooled, women to be taken into maternity wards, and populations to be displaced without any discussion. The aim was to take a region the central French state viewed as hopeless and make it into a new prosperous locus for rubber production.

This Pasteurian model served France's anti-German propaganda, with a view to convincing the international community that French methods were superior to the German biopolitics they judged inefficient. As for the Third Reich, it tried to convince the League of Nations' Hygiene Organisation that the miracle molecule 'germanine' could cure illnesses and justified returning the territory to them. But beyond this context of international rivalry, G. Lachenal also emphasises the ambiguous nature of this utopian experiment, which went hand-in-hand with the horrors of 'mass deaths' (p. 38). France's grand project in fact resulted in a health crisis and economic disaster of massive proportions. Paradoxically, the need for rubber generated by WWII exacerbated the propagation of sleeping sickness, lodged in the latex creepers and swamps crossed by Africans forced to reap a massive harvest.

Ten years earlier, in Wallis and Futuna, David's policies had served the reputation of the protectorate. As Lyautey's flamboyant success in Rabat caused a stir throughout the colonial world, the doctor proved just as skilful in handling the institutions of the small insular kingdom placed under France's protection since 1887. Mastering both the language and the inner workings of this monarchy built on compromises between chiefs, David attained a form of royalty. After the death of last elected lavelua, David managed to take over the regency and become de facto sovereign. Having understood that 'power is performance' (p. 218), he became a charismatic figure joining forces with the local Prime Minister and using customary *corvée* labour to implement his medical development project. Of course, his authority was part and parcel of his charisma, as the author underlines, but the link with the future grand African design was not immediately obvious in the Pacific.

The Impotence of Kings of Happenstance

Without ever forgetting the violence of these two medical dictatorships, G. Lachenal offers a more complex analysis of colonial power that cannot be reduced to simple and brutal 'domination' (p. 243). Like Lyautey, David knew how to make use of fine words but also how to rule using the flat of his sword. Nevertheless, there was something unique about his political experience: contrary to most colonial regions where the administration knew next to nothing about its subjects, David found the ways and means to achieve success through more extensive statistical methods. This was a necessity: for their plans to succeed, the doctors

needed a population willing to obey orders, that could be displaced at will, and constrained in all aspects of their behaviour. This also explains David's eventual resentment when, given significant responsibilities in the Côte d'Ivoire after WWII, he found himself unable to coerce the Africans as in the past.

Ultimately, the project's eugenicist and hygienist excesses were only possible in the testing ground that the colonial empire provided for a short time. Its experimental nature was perfectly explicit and openly admitted by those involved. This is where the author's notion of 'utopia' remains ambiguous, in that it refers to an unfulfilled future but also to a certain ideal. It is true that governing physicians such as David resemble to some extent Balzac's countryside doctor, convinced he was bringing the benefits of modernity to the backwards Dauphiné region. However, this happy future seemed essentially aimed at ensuring France's profits, by using the population, restored to robust health, to better exploit the country. The author's label of 'medical utopia' can seem questionable: the aims of the utopia in question were above all economic and colonial. It is hard to see the novelty in a society run by doctors who, in reality, often acted like ordinary administrators. Above all, this utopian future does not seem to have made any provision, not even cursory, for the well-being of the indigenous people.

The latter are not absent from the book: the well-known role played by indigenous auxiliaries is largely underscored. The many, often touching, interviews with witnesses show the Cameroonians' and Wallisians' mixed attitudes towards the colonial experience. Nostalgia for that period, which is an indictment of their current conditions post-independence, coexists with a sense of horror or inhibition when recalling certain demographic disasters. The Africans' reticence towards foreign medical science is mentioned, but without any further information, much like David's royalty is recounted principally from his own perspective. The author deftly shows that colonial power is a mirror and adapts to pre-existing forms far more than it changes them. He also underlines the genuine misunderstanding between the Wallisians and this Frenchman who considered himself their King. As with Lyautey, the mirror was a distorting one which reduced so-called 'indigenous traditions' to a form of exoticism forced to fit European categories. The book does not sufficiently examine this unfaithful translation.

Finally, what the book does underline is the paradoxical powerlessness of these transient tyrants. While the two projects left a profound mark on these places and in the memories of their inhabitants, they were also a spectacular failure. It is unlikely that the Wallisians and the Cameroonians found in David a king after their own hearts: in both cases, economic imperatives dictated a pace that was incompatible with prophylactic aims. Twice over, the alleged philanthropic endeavour ultimately had recourse to direct violence. According to G. Lachenal, David's dynastic career shows the absurd side to a farce in which the colonial authorities fooled no one. In this sense, the story of the good doctor is no exception. Tunisian nationalist Ali Belhouane, criticising the Tunisian Protectorate in 1953, spoke of 'the most surprising of colonial farces in which the Resident-general was supposed to

be crowned King'.⁴ Guillaume Lachenal's book reminds us that such a farce can only ever generate hollow laughter.

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⁴ "min a'jab al-mahāzila al-isti'māriyya an al-muqīm al-'ām huwa al-laḍī yutawaj al-malik", 'Alī Al-Balhwān, Tūnis al-ṭā'ir, Lajana al-taḥrīr al-maghrib al-'arabī, s.e., 1953.