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Michael R. Osborne, *The Emergence of Tropical Medicine in France*. Chicago and London: The University of Chicago Press, 2014. 312 pages. \$50.00 U.S. (cl). ISBN 978-0-226-11452-1.

Review by Eric Jennings, University of Toronto.

Through a legion of naval physicians and a series of sites considered over time, Michael Osborne's latest book successfully demonstrates the weight that the navy held in the field of colonial medicine over the longue durée. His interesting and thoughtful analysis takes us from the Napoleonic era through the First World War. The study is deeply concerned with issues of place and race. It also connects sites in provincial France with the French overseas empire, in a manner reminiscent of the works of Robert Aldrich, Pierre Singaravélou and Reine-Claude Grondin, amongst others. [1]

The Emergence of Tropical Medicine provides several iconoclastic and valuable contributions. It breaks the standard divide between France's first and second overseas imperial phases (pre- and post-1870), it relocates the penal colony (or bagne), reminding readers that it migrated from port cities in France (like Toulon) towards more familiar sites like Guyane and New Caledonia. The book also relativizes the weight of Paris, of the army and civilian administration in matters of colonial health. Throughout, the text stresses what Osborne terms "the logics of localism," which has as much to do with the concept of milieu as it does with micropolitics around ports and colonial expansion.

Osborne's engagement with the ports of Rochefort, Brest, Bordeaux, Toulon and Marseille reminds us of multifarious connections between shipbuilding, naval surgery, and colonial medicine. It also foregrounds the squalor of some of these port cities, and underscores that the diseases of the colonies were very much present in port. Consider the case of malaria, for instance, whose endurance in parts of nineteenth-century France is well established. Ports, penal colonies and vessels also provided outstanding laboratories for naval doctors of all stripes.

The Emergence of Tropical Medicine also takes seriously the racialized rhetoric that naval medics directed inwards, to their own ranks and toward their compatriots. William B. Cohen and others have touched upon the regional base of colonial recruitment in places like Bretagne and Corsica. And in Peasants into Frenchmen, Eugen Weber famously drew parallels between colonial logics at home and overseas. Osborne builds upon these lines of inquiry. He sees naval doctors seamlessly navigating between stereotypes of North Africans and Polynesians on the one hand, and metropolitan clichés involving "Nordic violence, Breton anger, explosive Mediterranean temperament," or contempt for Provençaux as lazy, on the other hand (pp. 84, 121). Indeed, taken to their logical conclusion, these arguments posit the existence of a kind of maritime France of the mind, in which seafaring Rochefort or Toulon shared as much in common with parts of the French Caribbean (like Les Saintes off of Guadeloupe, for those who know the isles in question) as with the French interior.

Osborne's book is at its best when it weaves and traces remarkably captivating stories. These include the case study of the "dry colic" that was plaguing naval vessels, especially under tropical climes. A so-called "signature disease" whose symptoms included limp wrist, fatigue, paralysis and gastrointestinal ills, it befuddled and frustrated naval experts for some time. Ultimately, lead poisoning tied to the

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mounting industrialization of naval vessels and their use of steam engines, was rightly fingered as the culprit.

Equally captivating is Osborne's discussion of Dr. Édouard Heckel's kola biscuits.

Heckel became enamored with kola beans circa 1883, and emerged as their champion in France. He initially hoped to transform the purportedly tonic bean into a military miracle, capable of lending great endurance and vigilance to French troops—perhaps even rendering possible France's revenge against Germany. This red bull avant la lettre proved divisive indeed, triggering a fascinating battle between Heckel and his nemesis, Germain Sée. It also gave rise to various commercial ventures and an astonishing array of sporting tests of the substance. Heckel's biscuits accélérateurs visibly won over parts of the public, with some claiming it could propel them to the summit of the Mont-Blanc, and others positing its effect on their cycling abilities. Along the way, the section engages with some of the fin-de-siècle's tropes and obsessions, including alpinisme and la petite reine. The duel over kola serves as a flashpoint in a protracted struggle between vitalists on the one hand, and laboratory Pasteurians and positivists on the other hand. Ultimately Sée won this battle. The French army decided that its existing magic potion—coffee—served much the same purpose as the miracle African kola bean.

Osborne also sheds light on dynamics and networks within the rather tight-knit naval medical community. In-house pride could be taken to murderous ends, as in the terrifying book-bomb episode targeting Dr Georges Treille and several others. Osborne also pays considerable attention to generational connections and transitions, as well as to betrayals, schisms and rivalries. He provides excellent prosopographies, including that of Georges Treille, who turns out to have been something of a failed adventurer or geographer before turning to medicine. Moreover, the author establishes ties between naval practitioners of tropical medicine, medical geographers and ethnographers. Finally, the book traces the ebbs and flows of different medical currents, including vitalism and *hygiénisme*, against the rise of parasitology, Pasteurian science and the correlated language of positivism.

No review would be complete without some suggestions or points of divergence. I wondered about the navy's own specific spheres of influence overseas. Naval clout was especially strong in some colonial holdings, like Indochina for instance. The mention of Indochina brings me to what could be considered a missed opportunity. Indochina was led between 1891 and 1894 by governor Jean-Marie de Lannesan, a radical deputy and Minister of the Navy, trained at Rochefort's naval medical school. Lannesan is never mentioned in this book, which is unfortunate insofar as he could have provided insight into several points, including the role of both the navy and the radical party in Indochina, as well as the question of whether naval doctors were any more or less progressive or conservative than their peers in matters of colonial governance and control. This in turn, brings me to the point that Osborne seems not to have consulted the French colonial archives in Aix-en-Provence. Several fonds would be of relevance it seems to me, including perhaps unexpected ones like the fortifications collection (DFC), which is replete with holdings on lazarets and other naval medical outposts across the empire, from Pondicherry to the Caribbean. Finally, the title may not be completely appropriate, for the navy constituted but one strand of tropical medicine in France, and was certainly not the only one at its genesis. That said, none of these points detract from what is an original and rich study at the intersection of the histories of medicine, the military, and empire.

NOTE

[1] Robert Aldrich, Vestiges of the Colonial Empire in France (London: Palgrave, 2005); Pierre Singaravélou, Professer l'Empire, les sciences coloniales en France sous la IIIème République (Paris: Publications de la Sorbonne, 2011); Reine-Claude Grondin, L'empire en province: culture et experiences coloniales en Limousin (Toulouse: Presses universitaires du Mirail, 2011).

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ISSN 1553-9172