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Sokhieng Au, *Mixed Medicines: Health and Culture in French Colonial Cambodia*. Chicago and London: The University of Chicago Press, 2011. ix + 263pp. Tables, illustrations, notes, bibliography, and index. \$95.00 U.S. (cl). ISBN 13-978-0226-03163-7; \$35.00 U.S.(pb). 13-78-0-226-03164-4 21.

Review by David Chandler, Monash University.

Readers of Sokhieng Au's absorbing monograph will be impressed by her nuanced approach to what she calls the "cultural insolubilities" that marked the French colonial encounter with Cambodia between 1863 and 1953. Drawing on the *richesses* of the Cambodian National Archives in Phnom Penh and the French colonial archives in Aix en Provence, Au has fashioned a penetrating book about the medical aspects of the encounter that will interest historians of French colonialism, Cambodia watchers and scholars of medical history. As a bonus, because she comes equipped with a first degree in biology, Au can skilfully negotiate the barriers that often separate historical from scientific writing.

Mixed Medicines examines the clash that occurred almost from the start between French universalist ideas about health and medicine and the "unscientific," particularistic, time-honored notions about these issues (to say nothing of governance) that were embedded in Cambodian culture. Misperceptions, mistrust and stubbornness on both sides--"cultural insolubilities" again--persisted throughout the colonial era. They are crucial elements in the story that Au has chosen to tell.

In medical terms, the highest priority of the French at first was to protect the health of their citizens and soldiers in Cambodia. Later on, reforming local medical practices and improving local peoples' health became aspects of France's *mission civilisatrice*, in spite and perhaps because of the fact that there were no hospitals in the kingdom and no trained physicians. Vaccination programs and systematic plague research attracted sustained colonial attention but the Khmer, as Au tells us "did not view care of the sick as a governmental concern" (p. 24). Instead, people in poor health consulted (or as the French might say were at the mercy of) religious ritual healers and secular herbalists, distrusted *en masse* by the French medical establishment.

In the place of these traditional arrangements, the Assistance Medical Indigene de l'Indochine (hereafter AM), set in place in Cambodia in 1907, sought to deal with local health systematically on a national scale. Unfortunately, funding was always insufficient. Moreover, Cambodia and Laos, compared to Vietnam, were backwaters that failed to attract talented or ambitious medical personnel, although Au generously points out some admirable exceptions to the rule. The Cambodian response to French intrusions, in the countryside at least, seems to have ranged from indifference to hostility. As a result, French success in "modernizing" Khmer ideas about issues of health was largely confined to the capital, Phnom Penh, where Cambodia's first *lycée* opened in the 1930s and which contained the Protectorate's only modern hospital.

Resistance to vaccination, of course, was not restricted to the colonies. A report from France in the 1890s, cited by Au, noted that vaccinators there had "to struggle against the inertia of the

rural population, their preconceived ideas, their parsimony, and their resistance to any action without an apparent immediate usefulness," phrases that also fit the Cambodian situation (p. 57).

Despite these obstacles, the French experimented on a massive scale with vaccines for cholera and smallpox throughout Indo-China, and their programs enjoyed considerable success. The entire colony was an important laboratory for testing the vaccines. The programs in Cambodia, extending into the 1930s, were often the only occasions when rural Khmer met French medical practitioners face to face.

After chapters entitled "Settings" and "Collusions and Conflict," Au's chapter three, "The Politics and Pragmatics of Managing Health," is full of valuable insights into French policies and encounters in Cambodia, enlivened by documentary *trouvailles*, almost certainly unread since they were filed away in the 1920s and 1930s. The people and anecdotes that Au has unearthed make her study consistently enjoyable to read. While the French operated from a mixture of humanitarian, practical and imperial motives, their medical efforts, like those in the field of education, were constrained by limitations in funding, vision and personnel. To overcome these constraints in the medical arena, the French made serious efforts to train Khmer personnel to become *médecins indigènes*, but they had little success. Very few Cambodians volunteered for extended training in faraway Hanoi and those who did were often rejected because they lacked educational credentials. For survivors of the training, salaries were low, conditions were hard and their fellow Khmer showed them insufficient respect.

The AM in 1907 had four French doctors and no indigenous ones for all of Cambodia. Thirty years later, the number of French doctors had risen to nine, supplemented by twenty-nine *médecins indigènes*, almost all of who were ethnic Vietnamese, facing (or failing to face) a population of about two million. For various reasons, Cambodian health in the colonial era remained almost entirely in the hands of local practitioners and herbalists, unaffected by French ideas and practices, which in any case (to use a medical metaphor) barely scratched the surface. With this in mind, we need to recall that *Mixed Medicines* traces the *recorded* history of Cambodian health in the colonial era, leaving millions of undocumented medical histories untold.

In the chapter, "Social Medicine," Au describes the third phase of French medical manoeuvres in Cambodia, following the vaccination campaigns and the mixed success of AM. This phase intensified in the 1930s and was marked by a new concern for public health, reflecting intellectual developments in Europe that stressed prevention over cure, and in Cambodia where officials also stressed improvements in sanitation. Efforts to secure whole-hearted Cambodian co-operation even then were handicapped by what J. S. Furnivall, cited by Au, called the "abrogation of social will" on the part of colonized people (p. 98) and also by the cultural insolubilities that had inhibited the success of so many colonial policies. As Au suggests, "French literalism, inflexibility and excitability in the face of what Khmers considered as fundamental givens...baffled the villagers" (p.117). The French were baffled in their turn by what seemed to them to be a systemic resistance to common sense.

The next two chapters of *Mixed Medicines* examine the treatment of women and the colonial response to leprosy. "Prostitutes and Mothers" tell us that Cambodian women were often overlooked by the French and were, in any case, unenthusiastic about French medical ideas and practices. In the early years of the Protectorate, France's interest in Cambodian women's health stressed the control of sexually transmitted diseases among the French military and medical efforts concentrated, as they did in France on registering prostitutes and monitoring their health. Prostitutes in Cambodia submitted to this intrusion because they were given no

opportunities to reject it, but French programs seem to have been relatively humane and effective.

Later on, in the "social medicine" period, French doctors focussed on increasing Cambodia's population via programs that encouraged healthy childbearing. This policy brought them into conflict with time-honored Cambodian birth practices, which the French found unhygienic and harmful to mothers and children alike. French efforts to train Cambodian women as paramedics failed because so few qualified women volunteered for training and because women from Phnom Penh were unwilling to work in the countryside, where 90 percent of Cambodians lived. A rural training program for midwives, on the other hand, was far more successful. Ninety-one of them, in 1938, reported attending nearly 13,000 rural births.

In the chapter devoted to leprosy (pp.157-180), we learn that The Khmer tended to view the etiology of the disease as supernatural but allowed lepers to live in their midst, while the French, after renaming the affliction "Hansen's disease," saw leprosy as infectious and the cause of social problems. The Khmer located the disease in a person's karma; the French found the bacteria that caused it and isolated its victims. Like other colonial powers at the time, the French established a leprosarium in Cambodia. The inmates often escaped and went back to their villages, risking punishment from the authorities and on balance was never a success.

Au's final chapter, "Cultural Insolubilities," reviews her findings. Part of the colonial effort, she suggests was to *stage* European power, including scientific power and its corollary the infallibility of Western medicine (p. 182). Aside from earning a profit from the colony, the French also wanted to change the way that most Cambodians saw the world. For the most part, they failed to do so, and certainly, as Au suggested, the French medical service made little headway in changing Khmer interpretations of sickness and death (p.183). Nonetheless, some have suggested that the quadrupling of Cambodia's population between 1863 and 1953 correlated with French medical intervention. Au argues persuasively that a range of other factors can account for the growth. Most importantly, Cambodia was at peace in the colonial era for the first time in centuries. Moreover, immigrants poured into Cambodia from China and Vietnam. As the population quadrupled, most Cambodians persisted in seeking local remedies for illness, and continued to be born and to die at home. The impact of French colonialism in Cambodia, Au argues, occurred elsewhere, but it is clear that the French generally failed to induce the social and intellectual alterations that their universal ideology demanded.

Ironically, *Mixed Medicines* is a tribute to one aspect of colonialism, namely the French insistence that archives be kept and maintained. The Cambodian National Archives contain almost no material from the post-colonial era, and a fastidious, archive-based sequel to this marvelous book will sadly be impossible to write.

David Chandler
Monash University
david.chandler@monash.edu

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